THE NATIONAL ASSEMBLY FOR WALES:

AUDIT COMMITTEE

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CLINICAL NEGLIGENCE IN THE NHS IN WALES

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INTRODUCTION

1. This report concerns the Committee's investigation into clinical negligence in Wales. Clinical negligence arises when the NHS breaches the duty of care it owes to those it treats. People who consider they have suffered harm from a breach of this duty can make a claim for compensation and damages against the NHS. In 1999-2000, over 700 patients or their relatives made claims. The compensation payable in respect of successful claims varies considerably, ranging from below £1,000 to over £3 million.

2. On the basis of a report produced by the National Audit Office Wales, on behalf of the Auditor General for Wales,[1] we took evidence from those with Assembly-wide responsibility for handling clinical negligence (including, therefore, representatives from Conwy & Denbighshire NHS Trust who are responsible for Welsh Health Legal Services and the Welsh Risk Pool). At a separate hearing we took evidence from the Chief Executives and relevant senior managers from Cardiff and Vale NHS Trust, and North East Wales NHS Trust, which were two of the trusts that the National Audit Office Wales had visited during their review of clinical negligence. We should like to place on record our thanks to all the witnesses who appeared before us for the constructive attitude they adopted. In particular, we should like to record our appreciation of the contribution made by Ann Lloyd, the Director of the NHS in Wales, who had been in post for less than three weeks when she appeared before us.

3. Our report focuses on the four main areas which arose from our investigation:

- the cost of clinical negligence to the NHS;
- whether there is sufficient management information on clinical negligence for managers to tackle the problem effectively;
- the steps being taken to reduce the likelihood of clinically negligent incidents arising; and
- claims management.

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[1] Auditor General for Wales (AGW) *Clinical negligence in the NHS in Wales*, presented to the National Assembly 23 February 2001

4. In our report we discuss in some detail the four main themes outlined above. This report sets out our main findings and conclusions, together with a number of recommendations for both the Assembly and NHS trusts to assist them in gripping the rising incidence and cost of clinical negligence, and thereby releasing resources for patient care.

5. The Committee expresses its sympathy for those who have suffered as a result of clinical negligence and affirms the need and right for those people to be adequately compensated. It should be noted that in seeking to reduce the cost of clinical negligence, the Committee is not looking at reducing the compensation paid to victims and has not examined the merits of the compensation system. The aim of the Committee's recommendations is to reduce the human and financial costs by reducing the incidence of clinical negligence.

THE COST OF CLINICAL NEGLIGENCE TO THE NHS

Current costs and estimates of future costs

6. At March 2000, there were over 1,600 open (unresolved) claims for clinical negligence against the NHS in Wales, with a total potential value of over £400 million. However, claims may take a number of years to be resolved and many will not result in compensation for the claimant. This figure does not, therefore, represent the likely future cost of these clinical negligence cases to the NHS in Wales.[2] The Auditor General reports the estimated future cost to the NHS of open claims with a reasonable chance of leading to settlement as £111 million at March 2000.[3] Estimates of potential future costs have quadrupled over the past four years.[4]

7. This estimate of future cost is based only on alleged negligent incidents where claims have been made; it takes no account of incidents which have not yet resulted in claims, so-called "incidents incurred but not reported". The Director of the NHS in Wales told us that she could not be sure that there were no unknown cases which had not yet come to light. However, given that the majority of claims were known about within three years of incident, she was confident of the accuracy of future cost predictions.[5]

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[2] AGW report, paragraph 2.1
[3] AGW report, paragraph 2.18
[4] AGW report, paragraph 2.23
[5] Qs 9 - 10

8. The annual cost of clinical negligence (the cash paid out each year by the NHS) is also substantial. In 1999-2000 it was £26.9 million, an increase of 42 per cent over the previous year. Annual costs are likely to fluctuate year on year, however, since settlements can vary substantially in size.[6] We were pleased to learn that the NHS has not been in the habit of using confidentiality clauses in settlements, as we attach great importance to openness wherever possible in the way that the public sector manages taxpayers' money.[7]

The rising trend of costs

9. Whether the costs of clinical negligence are measured in terms of annual cash payments or the estimated size of bills for the future, they have risen fourfold in the last four years.[8] Witnesses attributed this sharp rise to a combination of factors:

- a large number of longstanding claims have been settled in recent years;
- the increased risk in medical care since more patients are being treated, the types of treatment now available being more extensive and complex, and the increased pressure on the health service generally; and
- an increased propensity on the part of society to question the care they receive and to look to legal remedies when things go wrong.[9]

10. We asked witnesses whether they thought that the steep rise in costs was likely to continue. They agreed with the Auditor General's view that costs were likely to continue to rise in the short term, due to recent changes in the legal framework:

- the Woolf reforms of the civil courts, aimed at speeding up the progress of cases, meaning that clinical negligence cases now open will be resolved and settled more rapidly; and
- a recent Court of Appeal ruling that is likely to increase by up to 30 per cent the damages payable in cases.[10]

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[6] AGW report, paragraphs 2.5 and 2.21
[7] Qs 62 -64; Annex D
[8] AGW report, paragraphs 2.21 and 2.23
[9] Qs 12, 14, 95, 97 and 99
[10] AGW report, paragraph 2.25; Qs 17, 95 and 97

11. We are reassured, however, that witnesses consider that costs are unlikely to continue to rise thereafter. Reasons for this are the improvements in NHS procedures and methodologies for assessing risks, and the perception that the number, as opposed to the value, of claims is not rising.[11] We were also encouraged to hear that clinical negligence and its root causes is now an extremely high priority for the NHS Directorate, as it is for the NHS trusts that appeared before us, although we note that one trust was careful to put clinical negligence alongside a number of other, competing priorities.[12]

12. In view of the complexity of this subject we found it most useful to have on record an accurate and detailed account of the true costs of clinical negligence and a forecast of likely future costs. We find it alarming that these costs are both significant and rising rapidly, since every pound spent on dealing with clinical negligence is a pound less for patient care. We agree that some of the rise is likely to stem from sociological changes and legal developments outside the NHS' control, and we take some comfort from the fact that witnesses considered that costs are unlikely to continue to grow at the present rate. But the size of the bill facing the NHS for clinical negligence — over £100 million at March 2000 — makes it imperative that the service get to grips with the problem sooner rather than later. **We recommend that management at all levels monitor the incidence and cost of clinical negligence closely and make every effort to prevent such claims placing more of a drain on available resources than is avoidable.**

MANAGEMENT INFORMATION ON CLINICAL NEGLIGENCE

13. Given the scale of the problem, we found it startling that the NHS, at both the Assembly and trust level, had relatively little usable, accessible management information on clinical negligence. The Auditor General reported that a number of trusts held only paper files on individual claims, while some trusts were unable to provide the National Audit Office Wales with even basic information such as the number and value of outstanding claims against them, or the outcome of claims closed in 1999-2000. It was particularly worrying to learn that some trusts were sceptical about the value of better information on claims on the grounds that each case is different.[13]

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[11] Qs 14 and 154
[12] Qs 3 and 92
[13] AGW report, paragraphs 3.8 and 3.43

14. Such scepticism about the importance of good management information, as the basis for addressing clinical negligence, was not shared by the witnesses that appeared before us. The Director of the NHS in Wales referred to improvements in management information as being a matter of prime importance, and explained that it was her intention to develop a performance management framework that would result in better collection, use and dissemination of information across the country.[14]

15. It was apparent that Cardiff and Vale and North East Wales NHS trusts also recognised the importance of gathering appropriate information on clinical negligence claims to inform their management.[15] Both these trusts were able to point to specific instances where their own monitoring systems had led to changes in clinical procedures:

- Cardiff and Vale NHS Trust had taken remedial action (now considered best practice) to change the way that syringe pumps were used following a serious accident; and
- at North East Wales NHS Trust, trend analysis of incidents following the introduction of a new piece of equipment showed a significant increase in the number of needle sticks. The equipment was removed from service across the Trust while correct procedures for implementation and staff training arrangements were developed.[16]

16. These are good examples of exactly the type of process that should be common practice across Wales, leading to a better, safer health service. Remedial action of this sort, as well as the spreading of good practice, is only possible when it is underpinned by good management information, based on sound analysis, and this is not available across the NHS in Wales. We echo the sentiments of the Director of the NHS who, expressing her concern at the absence of such information, commented that: "without the basic tools in place, it is extraordinarily difficult to manage oneself out of a situation where one does not really know what is going on."[17]

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[14] Qs 2 and 38
[15] Qs 111 and 112
[16] Qs 119 and 122
[17] Qs 2 and 36

17. The Director of the NHS in Wales went on to explain that her Directorate has two initiatives under way aimed at generating better quality management information on claims throughout the country. These are considered in the paragraphs that follow.

Losses and Special Payments Register

18. A prerequisite for better management information on claims is a standard, computerised system for holding such information. A standardised system across Wales would facilitate comparison between trusts, something agreed by witnesses to be extremely useful in tackling the issue.[18]

19. The Assembly has been developing its Losses and Special Payments Register (known as LaSPaR). This was originally set up to record purely financial information but has been expanded and can now hold further, non-financial details on cases. Although it was intended that the new system would go live in April 2000, it is now not expected to do so until the end of the 2001-02 financial year.[19]

20. We received very mixed messages on the merits of LaSPaR from those who gave evidence to us. The Director of the NHS thought that LaSPaR would be a very good tool to enable trusts to benchmark themselves against each other.[20] However, if the trusts which gave evidence to us are at all representative, it is evident that the trust community does not share this enthusiasm, as they reported some hostility towards LaSPaR from their own organisations. Witnesses from the trusts cited three main reasons for this hostility:

- it is not capable of fulfilling the role now being asked of it, possibly because its financial origins are not best suited to its expanded, non-financial function as a tool for risk management;
- some trusts have concerns over the confidentiality of the information recorded, both on patients and clinicians; and
- despite these perceived drawbacks, the system is being imposed on trusts.[21]

21. In contrast, Cardiff and Vale and North East Wales NHS trusts commended the virtues of an alternative system that they were working to implement, named SAFECODE. This system has been

[18] Qs 111 and 117
[19] AGW report, paragraphs 3.46 - 3.47; Q40; Annex C
[20] Q41

developed (by the University of Strathclyde) in collaboration with the NHS specifically to meet its needs. Witnesses reported that it has the advantage that it enables information on clinical negligence to be brought together with related data on complaints and adverse incidents, offering efficiency savings in administration as well as enabling lessons to be learned from all reported mistakes, not only those which result in legal claims.[22]

22. We are not in a position to judge the relative merits of these two systems, LaSPaR and SAFECODE. However, we do know that for any system to be successful it needs to be "owned" by those who use it; in the current climate it is unlikely that this will apply to LaSPaR. On the other hand, SAFECODE is being developed by only a few of Wales' 15 trusts, apparently with no specific Assembly backing. The two systems have very different origins, and one option might be to continue with both, while ensuring that they can communicate with each other. Either way, if the NHS is to succeed in implementing a standardised system or set of communicating systems, for capturing important information about clinical negligence, there is clearly much work for the NHS Directorate in the Assembly and the trusts still to do. Working together, they need urgently to establish exactly what is required, and the best way of meeting this need. **We recommend that the NHS Directorate and trust community determine as a matter of priority the management information on clinical negligence that they want to be recorded in a national, standardised system, and specify the best way of meeting this need.**

Welsh Risk Pool analysis of a sample of claims

23. Health bodies in Wales have an arrangement to share the costs of large awards through the Welsh Risk Pool, now administered by Conwy & Denbighshire NHS Trust. Each trust and health authority makes a contribution to the Risk Pool, based on its turnover and claims history. The Risk Pool then reimburses the costs incurred by providers on all claims above an excess level (£30,000 until September 2000). The Risk Pool has recently expanded its role from cost-sharing into improving risk management and spreading good practice, some aspects of which are discussed later in this report.[23]

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[21] Qs 128 - 134
[22] Qs 111, 115 and 129
[23] AGW report, paragraph 1.9

24. The Risk Pool plans to improve its current understanding of claims management through a detailed analysis of around 20 claims a year, with at least one from each trust and covering a range of medical disciplines. Its intention is to gather information on all aspects of claims management, from when the claim was made to any payment of compensation. This information will be shared with other trusts to educate and inform them.[24]

25. We asked the Chief Executive of Conwy & Denbighshire NHS Trust, who has managerial responsibility for the Risk Pool, whether a sample of 20 cases was sufficient, given that it represents only just over one per cent of all open claims. He told us that this was the first year that the Risk Pool had been funded to carry out analysis of this kind and had taken on an additional member of staff to carry it out. The number of cases analysed would be evaluated after this first set of 20 had been completed, and the number increased if it proved necessary.[25]

26. This is a welcome development. However, we continue to have reservations as to whether 20 cases is a large enough sample to draw meaningful conclusions. Given the lack of good management information elsewhere on claims, the number of claims subjected to detailed analysis of the sort envisaged would benefit from being as large as possible. **We recommend that the Welsh Risk Pool look to extend their detailed analysis of claims to more than the planned 20 a year to ensure that their sample is more representative of claims received and covers as wide as possible a range of medical procedures and disciplines.**

"Non-clinical" errors

27. In view of the lack of management information on claims, the National Audit Office Wales generated their own data through a questionnaire survey of all 15 trusts, together with more detailed analysis of a sample of claims drawn from the five trusts they visited.[26] The National Audit Office Wales work provides good examples of the insights into clinical negligence that can be gained through better management information, particularly their findings on the prevalence of "non-clinical" errors as factors contributing to claims. These are administrative or systems errors rather than those relating to strictly clinical judgements (although this does not rule out the errors being committed by clinicians).

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[24] AGW report, paragraph 3.49; Qs 43 and 44
[25] Q43
[26] AGW report, paragraph 1.19

The precise causes underlying any one incident of clinical negligence can be complex and difficult to determine. National Audit Office Wales analysis found that in over a third of their sample of claims, non-clinical errors had been factors. Examples are poor documentation of procedures undertaken, including patient records and X-rays going missing, and poor communications, such as nine weeks being interpreted as nine days. The Auditor General put the cost of claims relating to these non-clinical errors in 1999-2000 at £4.2 million.[27]

28. Cardiff and Vale and North East Wales NHS trusts commented that the Auditor General's findings on the prevalence of such errors were borne out in part by their own experiences and acknowledged that there remained much scope for improvements.[28] The Auditor General's report illustrates the potential benefits that would accrue from reducing such errors by a third, equivalent to achieving a financial saving of £1.4 million in 1999-2000. The trusts were wary of committing themselves to signing up to a specific target figure, partly because of the time taken to change organisational culture.[29] Nevertheless, the Director of the NHS agreed that such a reduction was a reasonable level to aim for as a start, pointing out that it would take two years before the benefits of any action taken now were seen.[30] We, too, believe that reductions of this order in the incidence of non-clinical errors should be achievable and should give rise to worthwhile financial savings. **We recommend that the NHS take practical steps to reduce the incidence of non-clinical errors. It should track the extent to which it succeeds in reducing such errors and thus secure financial savings, and should take as a target a reduction of a third in the incidence of such errors within two years. We further recommend that the NHS Directorate monitor the achievements of this target.**

29. The Committee was pleased to see that the NHS now recognises the importance of management information as a basic tool to tackle clinical negligence. However, we remain concerned at the slow pace of change. While some trusts may be taking the necessary steps to generate good information on claims within their own organisations, most trusts are not. It is clear that a standard system for collecting data and a framework for reporting across the country is some way off. Not until such a system is in place will trusts be in a position to assess their own year on year performance, while

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[27] AGW report, paragraphs 3.22 - 3.25
[28] Qs 140 and 142
[29] Qs 144 and 147
[30] Q22

benchmarking themselves against each other and learning lessons. We therefore look to the Assembly to work together with trusts to progress its chosen systems with some urgency.

REDUCING THE INCIDENCE OF CLINICAL NEGLIGENCE

30. The most effective way of making significant inroads into the costs of clinical negligence is to reduce the risk of potentially negligent incidents occurring in the first place. Risk management, including risks relating specifically to clinical negligence, now falls within the wider area of clinical governance, the focus of considerable NHS attention in recent years.[31] The Director of the NHS told us about a clinical governance review of all trusts and health authorities in Wales which was drawing to a conclusion. She explained that the outcome of this review would be an action plan, to be agreed with health bodies, that would lead ultimately to a reduction in clinical risk.[32]

Risk Management Standards

31. The key step taken by the NHS in recent years to address the risk of clinical negligence is the development by the Welsh Risk Pool of risk management standards. These standards cover known areas of risk and comprise a set of policies and procedures with which trusts should comply in order to minimise the risk. The first independent assessment of trusts' compliance with the 16 standards then in place was completed in September 2000. As an incentive to implement the standards, trusts which achieved a level of compliance of at least 75 per cent in that assessment now benefit from a £5,000 reduction in the excess payment to the Welsh Risk Pool for each successful claim over £30,000.[33]

32. Only five of the 15 trusts achieved the 75 per cent compliance benchmark.[34] The Director of the NHS explained that the benchmark had been deliberately pitched at a challenging level, and that it was intended to be achievable by some, but not all trusts. The intention was that trusts' performance against the standards would improve year on year, matched by a raising of the benchmark level.[35] Two of the trusts which gave evidence to us had failed to meet the target of 75 per cent compliance:

[31] AGW report, paragraph 4.1
[32] Q2
[33] AGW report, paragraphs 4.3 - 4.6
[34] AGW report, paragraph 4.8
[35] Qs 54 - 55

- Conwy & Denbighshire NHS Trust told us that they had been very preoccupied with other accreditation schemes over the past year, and had also been disadvantaged by having to share their risk manager with the Welsh Risk Pool; and

- North East Wales NHS Trust said that the reason for their poor performance had been the slow start made on risk management generally, coupled with poor dissemination of the standards across the trust.[36]

Both these trusts, together with Cardiff and Vale NHS Trust which achieved the benchmark, recognised the need to continue to improve their performance, in line with the NHS Directorate's goal of continuously driving up standards.[37]

33. We questioned whether a £5,000 discount on each large claim was sufficient incentive for trusts to strain towards meeting the compliance level. The Welsh Risk Pool explained that it was difficult to get the balance right between encouraging and motivating trusts to improve while not destabilising them financially if they failed to meet the benchmark. They also alluded to the point that the long lead time between incident and compensation payment was an additional complication in rewarding good risk management practices.[38] Moreover, the trusts attached some weight to the range of other, competing pressures they faced and the cultural barriers in some trusts to implementing what can be seen as new-fangled initiatives.[39] The Chief Executive of Cardiff and Vale NHS Trust compared the approach to incentivisation taken in England, where discounts are applied to the premiums rather than claim payments.[40]

34. We view the introduction of Welsh risk management standards as a positive and important step towards more reliable clinical care and hence a reduction in the likelihood of negligent incidents occurring. Although the 75 per cent compliance bench mark was set such that not all trusts were expected to achieve it, we consider that the results of the assessments carried out in 2000 were disappointing. It is welcome that the trusts which gave evidence were clearly determined to bring themselves up to the required standard where necessary and beyond, but we are not convinced that

[36] Qs 69 and 186
[37] Qs 71, 187 - 189
[38] Qs 74 and 75
[39] Qs 195, 196 and 202
[40] Q190

the incentive for all trusts to do so is strong enough. **We recommend that the Welsh Risk Pool consider how to give the individual trusts greater incentive for improving compliance with the Welsh risk management standards.**

35. The results of the risk management standards assessments show that the three areas where the scores of the trusts were lowest were patient records, the supervision of junior staff, and communication. It is significant that these standards correspond to the non-clinical errors highlighted in the Auditor General's report, reinforcing his point that improvements in these areas could have a direct impact in terms of reducing incidents of negligence, and hence cost.[41] We therefore welcome the determination of the Director of the NHS to tackle these issues as a matter of urgency.[42] Witnesses explained that:

- on **patient records**, there are a variety of records relating to the same patient scattered around the country, both in primary and secondary care and that, as recognised within the new plan for the NHS in Wales, there were substantial benefits to be gained from moving to a single, electronic record for each patient. However, there were still some issues concerning confidentiality of clinicians and patients to be resolved, and the investment in information technology needed was considerable;[43]

- on the **supervision of junior medical staff**, the General Medical Council's guidance to its clinical teams now has a very heavy emphasis on this topic;[44] and

- better **communications**, between clinicians and between clinicians and patients, was central to improving clinical standards. The Director of the NHS explained that communications was a cultural matter that was being addressed through training, particularly for more senior clinicians, to instil a no blame culture and ensure that lessons were learnt from mistakes.[45] We found it encouraging to hear that the trusts supported this line, adding the importance of having patience

[41] AGW report, paragraph 4.9
[42] Q57
[43] Qs 57, 142, 148, 203 - 206; Annex C
[44] Q57
[45] Qs 20 - 25

with those who have undergone medical treatment, and the need to move towards better customer relations.[46]

36. The importance of being prepared to learn from mistakes, including those that do not lead to clinical negligence claims, is apparent from research which has found that medical accidents and near misses (termed adverse incidents) occur in one of ten hospital admissions.[47] We were reassured to learn that all trusts now have adverse incident reporting systems, one of the risk management standards, in place. The NHS Directorate is currently working with England on using the same sort of database, since a standardised system will allow information to be shared on a wider scale.[48]

37. The Auditor General's analysis of non-clinical errors is evidence of the benefits that will accrue from addressing the risk management standards where trusts' compliance was the lowest. We agree with the witnesses that there is an urgent need to improve the standard of patient records and thus support the Assembly's intention to move towards a comprehensive system with a single, electronic record per patient. We also attach great importance to establishing a more open, no blame culture within the NHS, where clinicians are prepared to speak frankly with patients without being afraid to acknowledge where things have not gone well. **Given the expected beneficial impact, we recommend that the NHS Directorate show greater urgency in developing electronic patient records**.

38. It is important that trusts do not see compliance with risk management standards, welcome though it is, as an end in itself. We shall also be looking to see a reduction in the incidence of clinical negligence as a consequence of improved risk management (although we recognise the lead time, referred to at paragraph 33 above), and hence financial savings. The Auditor General points out that if ten per cent of the total compensation paid by NHS bodies in 1999-2000 had been saved through better risk management, this would have released some £2.7 million.[49] The Chief Executive of Conwy and Denbighshire NHS Trust, who has overall responsibility for the Welsh Risk Pool, was reluctant to draw a direct correlation between an improvement in risk management standards and financial savings from claims.[50] Nevertheless, we think it important that the outcomes of improved

[46] Qs 181 - 182
[47] AGW report, paragraph 4.13
[48] Qs 77 and 78
[49] AGW report, paragraph 4.19
[50] Q73

risk management, as well as compliance levels, are known. **We therefore recommend that the NHS Directorate determine the extent to which compliance with the Welsh risk management standards affects the incidence of clinical negligence**.

CLAIMS MANAGEMENT

39. Within trusts, claims managers are responsible for handling claims - in the smaller trusts this tends to be a part-time job. Claims managers are not lawyers. Although their roles and responsibilities may vary, they tend to rely on Welsh Health Legal Services for legal advice, and their main function is to organise the day to day administration of files and correspondence between lawyers, clinicians and financial departments. Across the NHS, claims managers have had little formal training, and few claims managers have formal qualifications.[51]

40. Welsh Health Legal Services provide legal advice to all trusts and health authorities, and are instrumental in the routine management of claims in ten of the 15 trusts. Like the Welsh Risk Pool, they are part of Conwy & Denbighshire NHS Trust. However, their costs are effectively met directly by the Assembly and are not passed on to the trusts which use their services. Under the current arrangements, the Assembly do not have evidence as to whether Welsh Health Legal Services continue to provide value for money.[52]

41. The backlog of open claims is increasing in most trusts at a time when the Woolf reforms (paragraph 10) mean that financial penalties may be imposed on trusts which fail to meet set deadlines for progressing claims.[53] We therefore asked witnesses whether trusts had sufficient in-house capability and support from the Assembly to handle the claims workload. The Director of the NHS commented that trusts would need more claims management expertise as claims were becoming more complex.[54] It was therefore encouraging to learn of the steps that the trusts which gave evidence are taking to put strong teams in place and to give them further training, including the training necessary to speed the progress of claims and minimise the risk of financial penalties for delay. We support all moves taken by trusts to increase their capability to manage effectively their claims workload. A further potential benefit from better, more proactive claims management might

[51] AGW report, paragraphs 3.3 - 3.5 and 3.7
[52] AGW report, paragraphs 1.8 and 3.10 - 3.12
[53] AGW report, paragraphs 3.40 and 3.41

be the greater use of alternative remedies for patients who have suffered negligence, considered below.

42. As regards making inroads into the growing backlog of open claims, the Welsh Risk Pool has advised that trusts should be more proactive in clearing out cases where no further action is forecast.[55] Cardiff and Vale and North East Wales NHS trusts both said that there was scope for them to address this issue, but that such claims were few in number.[56] **We recommend that all trusts take action on the advice of the Welsh Risk Pool to close dormant claims where no further action is likely.**

43. We also asked witnesses from trusts about the quality of the central support provided by the Welsh Risk Pool and Welsh Health Legal Services. The Chief Executive of Cardiff and Vale NHS Trust confirmed that he was very satisfied with the support received from the Welsh Risk Pool.[57] The Chief Executive of Conwy & Denbighshire NHS Trust pointed out that the final decision in terms of claims management rested with the trust concerned, but that he was confident that the influence of the Welsh Risk Pool would grow.[58] We welcome this expansion of the Welsh Risk Pool's role from administering cost-sharing arrangements to proactively contributing to better risk management.

44. As for Welsh Health Legal Services, trusts across Wales have reported that they are satisfied with the legal services they received.[59] We were pleased to hear witnesses reinforce this message; they all considered that Welsh Health Legal Services offered very good value for money, implicitly comparing the position in Wales favourably with that in England (where all had experience of working), and pointing to the increasing specialism of such work.[60] In 1994, an internal NHS study found that Welsh Health Legal Services provided better value for money than private firms.[61] However, we support the Assembly's moves to seek external accreditation for Welsh Health Legal Services, to ensure that they are up to date and conform with Law Society standards.[62]

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[54] Q26
[55] Q47
[56] Q155
[57] Q190
[58] Q46
[59] AGW report, paragraph 3.13
[60] Qs 160 - 163 and 165
[61] AGW report, paragraph 3.11
[62] Q28

Alternative remedies

45. Legal proceedings involving clinical negligence are time-consuming and costly. Research has shown that patients dissatisfied with their treatment at a hospital are more interested in receiving an apology and an assurance that the mistake will not recur than financial compensation. The Woolf report advocates that alternative, non-litigious, dispute resolutions be explored before considering litigation.[63]

46. Two alternative ways of resolving claims are mediation and ex gratia payments. Mediation is the process whereby a neutral third party facilitates negotiations between disputing parties. It is not necessarily cheaper than litigation, nor is it suitable in all cases. However, in England, since June 2000, the NHS Litigation Authority has required its solicitors handling claims to offer mediation wherever appropriate. Ex gratia payments can be used in cases where fault is admitted to provide relatively prompt recompense to patients who do not want to enter legal proceedings (such payments do not rule out the possibility of future litigation). Both mediation and ex gratia payments have been rarely used by trusts.[64]

47. We asked trusts why they had not used alternative remedies more. They told us that resistance to using mediation tended to come from patients' solicitors, and that they had found only limited benefits from mediation (unlike in the area of complaints, were it was often more appropriate).[65] The results of the move to increase the use of mediation in England should become available in June 2001. The NHS in Wales is awaiting these results before assessing whether mediation should be pushed more strongly in Wales.[66]

48. The Chief Executive of Cardiff and Vale NHS Trust told us that his trust had used ex gratia payments on a number of occasions and that it had been successful and cost effective. The Director of the NHS supported the use of ex gratia payments on the grounds that it circumvents the expensive, lengthy and tortuous procedure of litigation, although she observed that the health service has had doubts over whether such payments are an appropriate use of public funds.[67]

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[63] AGW report, paragraphs 4.20 - 4.21
[64] AGW report, paragraphs 4.24 - 4.27
[65] Qs 213 - 217
[66] Q82
[67] Q81

49. Both Chief Executives considered that a ceiling on the amount of money they were able to offer prevented them from using ex gratia payments more. In giving oral evidence they thought that the ceiling was £1,000, but in a subsequent letter to the Committee the Chief Executive of Cardiff and Vale NHS Trust corrected this threshold to £1 million.[68] This simple misconception, if it persists throughout trusts, might have prevented ex gratia payments being offered to many patients who had suffered clinical negligence. We are concerned lest this is symptomatic of trusts' failure to give due attention to the scope for ex gratia payments and other alternative remedies.

50. The traditional legal route for resolving clinical negligence claims can often be unsatisfactory - especially in view of the time it can take. We therefore support any alternative means by which incidents of clinical negligence can be resolved to the mutual satisfaction of all parties. **We recommend that the NHS Directorate and trusts continue to explore ways of maximising the use of alternative remedies for resolving claims where, taking administrative and legal costs into account, this represents better value for money to the taxpayer.**

RECOMMENDATIONS

51. In the light of these findings and conclusions we recommend that:

    i) management at all levels monitor the incidence and costs of clinical negligence closely and make every effort to prevent such claims placing more of a drain on available resources than is avoidable;

    ii) the NHS Directorate and trust community determine as a matter of priority the management information on clinical negligence that they want to be recorded in a national, standardised system, and specify the best way of meeting this need;

    iii) the Welsh Risk Pool look to extend their detailed analysis of claims to more than the planned 20 cases a year to ensure that their sample is fully representative of claims received and covers as wide as possible a range of medical procedures and disciplines;

    iv) the NHS take practical steps to reduce the incidence of non-clinical errors; track the extent to which it succeeds in reducing such errors and thus secure financial savings; and take as a

[68] Qs 218 - 219; Annex B

target a reduction of a third in the incidence of such errors within two years. We further recommend that the NHS Directorate monitor the achievement of this target;

v) the Welsh Risk Pool consider how to give individual trusts greater incentive for improving compliance with the Welsh risk management standards;

vi) given the expected beneficial impact, the NHS Directorate show greater urgency in developing electronic patient records;

vii) the NHS Directorate determine the extent to which compliance with the Welsh risk management standards affects the incidence of clinical negligence;

viii) all trusts take action on the advice of the Welsh Risk Pool to close dormant claims where no further action is likely; and

ix) the NHS Directorate and trusts continue to explore ways of maximising the use of alternative remedies for resolving claims where, taking administrative and legal costs into account, this represents better value for money to the tax payer.

CONCLUDING COMMENTS

52. Clinical negligence within the NHS in Wales is a serious problem. It is not acceptable that citizens of Wales using our health service should be faced with the risk of unnecessary pain and suffering, often with very serious long term consequences. The costs of clinical negligence are spiralling, reducing the resources available for making people better. Only relatively recently has significant energy been directed at tackling the incidence of clinical negligence in Wales. The NHS has started to move in the right direction but at the moment is severely hampered by the lack of good management information and the closed culture that continues to persist in some areas. While some positive steps have been taken, such as the development of risk management standards, and some good practices have been introduced at individual trusts, we retain some concerns at whether even now the NHS is displaying sufficient urgency in tackling the problem. In particular, systems to gather relevant information on claims from across Wales and share it in a structured manner seem some way off and adherence to risk management standards remains unacceptably low. The time taken for claims to

reach maturity means that any improvements made now will not feed through the system in the form of fewer settlement payments for years to come.

53. One final point is the need to recognise that the interests of patients are paramount. Making mistakes on occasions is unavoidable and clinical negligence will never be totally eradicated. Whilst recognising the financial burden that the settlement of clinical negligence claims places on NHS resources, we welcome and support the unambiguous commitment given by the Director of the NHS that it was not part of her strategy to deprive patients of their legal rights if the duty of care owed to them is breached.[69]

[69] Q13

ANNEX A

Cynulliad Cenedlaethol Cymru
Pwyllgor Archwilio

The National Assembly for Wales
Audit Committee

Esgeulustod Clinigol yn y GIG yng Nghymru
Clinical Negligence in the NHS in Wales

Cwestiynau (1-90)
Questions (1-90)

Dydd Iau 8 Mawrth 2001
Thursday 8 March 2001

Aelodau o'r Cynulliad yn bresennol: Janet Davies (Cadeirydd), Jocelyn Davies, Alison Halford, Lynne Neagle, Karen Sinclair, Dafydd Wigley.

Swyddogion yn bresennol: Syr John Bourn, Archwilydd Cyffredinol Cymru; Gillian Body, Swyddfa Archwilio Genedlaethol Cymru; Dave Powell, Swyddog Cydymffurfio Cynulliad Cenedlaethol Cymru.

Tystion: Sarah Beaver, Pennaeth Is-adran Cyllid yr NHS, Cynulliad Cenedlaethol Cymru; Ian Biggs, Rheolwr Cronfa Risg Cymru; Gren Kershaw, Prif Weithredwr Ymddiriedolaeth NHS Conwy a Sir Ddinbych; Ann Lloyd, Cyfarwyddwr NHS Cymru; Alison Walcot, Gwasanaethau Cyfreithiol Iechyd Cymru.

Assembly Members present: Janet Davies (Chair), Jocelyn Davies, Alison Halford, Lynne Neagle, Karen Sinclair, Dafydd Wigley.

Officials present: Sir John Bourn, Auditor General for Wales; Gillian Body, National Audit Office Wales; Dave Powell, Compliance Officer of the National Assembly for Wales.

Witnesses: Sarah Beaver, Head of NHS Finance Division, National Assembly for Wales; Ian Biggs, Manager of the Welsh Risk Pool; Gren Kershaw, Chief Executive of Conwy and Denbighshire NHS Trust; Ann Lloyd, Director of NHS Wales; Alison Walcot, Welsh Health Legal Services.

Dechreuodd y cyfarfod am 2 p.m.
The meeting began at 2 p.m.

[1] **Janet Davies:** Good afternoon. I welcome witnesses and members of the public to this evidence-taking session of the Audit Committee. The purpose of the meeting is to take evidence in connection with the National Audit Office report for the Auditor General of Wales, 'Clinigal Negligence in the NHS in Wales'. As Anne-Louise Ferguson of Welsh Health Legal Services is unable to attend, Alison Walcot is here instead. Will the witnesses introduce themselves?

[1] **Janet Davies:** Prynhawn da. Croesawaf y tystion ac aelodau o'r cyhoedd i'r sesiwn derbyn tystiolaeth hwn o'r Pwyllgor Archwilio. Pwrpas y cyfarfod yw derbyn tystiolaeth mewn cysylltiad ag adroddiad y Swyddfa Archwilio Genedlaethol i Archwilydd Cyffredinol Cymru, 'Esgeulustod Clinigol yn y GIG yng Nghymru'. Gan na all Anne-Louise Ferguson o Wasanaethau Cyfreithiol Iechyd Cymru fod yn bresennol, mae Alison Walcot yma yn ei lle. A wnaiff y tystion eu cyflwyno eu hunain?

Mrs Lloyd: I am Ann Lloyd, the new director of the national health service in Wales.

Mrs Lloyd: Ann Lloyd wyf fi, cyfarwyddwr newydd y gwasanaeth iechyd gwladol yng Nghymru.

Mrs Beaver: I am Sarah Beaver, the head of the NHS Finance Division in the Assembly.

Mrs Beaver: Sarah Beaver wyf fi, pennaeth Is-adran Cyllid yr NHS yn y Cynulliad.

Mr Kershaw: I am Gren Kershaw, chief executive of the Conwy and Denbighshire NHS Trust and member of the Welsh Risk Pool management group.

Mr Kershaw: Gren Kershaw wyf fi, prif weithredwr Ymddiriedolaeth NHS Conwy a Sir Ddinbych ac aelod o grwp rheoli Cronfa Risg Cymru.

Ms Walcot: I am Alison Walcot, of Welsh Health Legal Services.

Ms Walcot: Alison Walcot wyf fi, o Wasanaethau Cyfreithiol Iechyd Cymru.

Mr Biggs: I am Ian Biggs, the manager of the Welsh Risk Pool.

[2] **Janet Davies:** I give a special welcome to Ann Lloyd as the new director of the NHS Directorate in the Assembly. I also welcome Barry Edgar and Terry Woodhouse from the Northern Ireland Audit Office, who are visiting us today. I hope that they will feel able to take something back to Northern Ireland from us today. I remind you all that you may speak in Welsh or English. Translation equipment is available for those who do not understand Welsh.

This is an important session and one for which we have all been waiting for a long time. I do not want to waste any time as it is important that we get down to business straight away. I will begin by asking Ann Lloyd a question. I am pleased that the Committee now has the chance to consider this issue and its impact on the NHS in some detail. We understand that the potential bill facing the NHS for claims open at March 2000 was over £100 million. That would be enough to run all the health trusts in Wales for over three weeks. I hope that the Auditor General's report marks a significant step in terms of the NHS addressing this problem. It is a matter of concern to all of us, since money spent on settling claims is money that could have been used for patient care. How do you intend to give a higher priority than you have in the past to dealing with what seems to be the intractable problem of clinical negligence?

Mrs Lloyd: This is a really important report by the Auditor General. It gives the NHS a number of key levers for improving its performance, not only in reducing risk but in managing the risk with which it is faced. 'Putting Patients First', published in 1998, placed a great deal of importance upon the governance of the clinical practice within Wales. That has been followed up by a strong statement in the new plan for the NHS in Wales. This, together with the new performance management programme which I am to institute as part of the implementation of the new plan, will give us all a better indication of the way in which the NHS is managing risk within its clinical services, how it is dealing with those risks and what it is doing to manage complaints from patients and their relatives much better. At the moment, a clinical governance review of all trusts and health authorities in Wales is drawing to a conclusion. It will report to me on the state of the management of risk and on clinical quality in Wales. From that I

Mr Biggs: Ian Biggs wyf fi, rheolwr Cronfa Risg Cymru.

[2] **Janet Davies:** Rhoddaf groeso arbennig i Ann Lloyd fel cyfarwyddwr newydd Cyfarwyddiaeth yr NHS yn y Cynulliad. Croesawaf hefyd Barry Edgar a Terry Woodhouse o Swyddfa Archwilio Gogledd Iwerddon, sydd yn ymweld â ni heddiw. Gobeithiaf y byddant yn teimlo eu bod yn gallu mynd â rhywbeth yn ôl i Ogledd Iwerddon oddi wrthym ni heddiw. Fe'ch atgoffaf y cewch siarad yn y Gymraeg neu'r Saesneg. Mae offer cyfieithu ar gael i'r rhai nad ydynt yn deall y Gymraeg.

Mae hwn yn sesiwn pwysig ac yn un yr ydym oll wedi bod yn ei ddisgwyl ers amser hir. Ni ddymunaf wastraffu amser o gwbl gan ei bod yn bwysig inni fwrw iddi ar unwaith. Dechreuaf drwy ofyn cwestiwn i Ann Lloyd. Yr wyf yn falch bod gan y Pwyllgor gyfle'n awr i ystyried y mater hwn a'i effaith ar yr NHS yn eithaf manwl. Deallwn fod y bil a allai wynebu'r NHS am hawliadau a oedd yn agored ym Mawrth 2000 yn fwy na £100 miliwn. Byddai hynny'n ddigon i redeg yr holl ymddiriedolaethau iechyd yng Nghymru am dros dair wythnos. Gobeithiaf fod adroddiad yr Archwilydd Cyffredinol yn arwydd o gam pwysig o ran rhoi sylw i'r broblem hon gan yr NHS. Mae'n fater sydd yn peri pryder i bawb ohonom, gan fod arian a werir ar setlo hawliadau yn arian y gallesid bod wedi'i ddefnyddio ar gyfer gofal cleifion. Sut y bwriadwch roi blaenoriaeth uwch nag a wnaethoch yn y gorffennol i ymdrin â'r hyn a ymddengys yn broblem anhydrin o esgeulustod clinigol?

Mrs Lloyd: Mae hwn yn adroddiad gwirioneddol bwysig gan yr Archwilydd Cyffredinol. Mae'n rhoi nifer o liferi allweddol i'r NHS i wella ei berfformiad, nid yn unig wrth leihau risg ond wrth reoli'r risg sydd yn ei wynebu. Yr oedd 'Rhoi Cleifion yn Gyntaf', a gyhoeddwyd yn 1998, yn rhoi pwys mawr ar lywodraethu arfer clinigol oddi mewn i Gymru. Dilynwyd hynny â datganiad cadarn yn y cynllun newydd ar gyfer yr NHS yng Nghymru. Bydd hyn, ynghyd â'r rhaglen rheoli perfformiad newydd y byddaf yn ei sefydlu fel rhan o weithrediad y cynllun newydd, yn dangos yn well i bawb ohonom y modd y mae'r NHS yn rheoli risg oddi mewn i'w wasanaethau clinigol, sut y mae'n trafod y risgiau hynny a'r hyn y mae'n ei wneud i reoli cwynion oddi wrth gleifion a'u perthnasau'n well o lawer. Ar hyn o bryd, mae adolygiad llywodraethu clinigol o'r holl ymddiriedolaethau ac awdurdodau iechyd yng Nghymru yn tynnu at ei derfyn. Bydd yn adrodd i mi ar gyflwr rheoli risg ac ar ansawdd clinigol yng

will draw up an action plan to talk through and debate with the individual trusts and health authorities to ensure that we get very good performance management standards and good monitoring mechanisms, so that we can assess progress towards a reduction in clinical risk.

Nghymru. Ar sail hynny byddaf yn llunio cynllun gweithredu i'w drafod yn fanwl a dadlau yn ei gylch gyda'r ymddiriedolaethau a'r awdurdodau iechyd unigol i sicrhau y cawn safonau rheoli perfformiad da iawn a mecanweithiau monitro da, fel y gallwn asesu'r cynnydd tuag at leihau risg clinigol.

The second point that I would like to make is that running through this report is a real concern about an absence of information by which one can share practice and know what is happening, both in your own organisation and throughout Wales. That is of prime importance. The Auditor General has, very helpfully, pointed out ways in which the NHS could manage its information better and share it with others.

Yr ail bwynt yr hoffwn ei wneud yw bod pryder gwirioneddol yn rhedeg drwy'r adroddiad hwn ynghylch diffyg gwybodaeth y gellir rhannu arfer drwyddi a gwybod beth sydd yn digwydd, yn eich corff eich hun a ledled Cymru. Mae hynny o'r pwys mwyaf. Mae'r Archwilydd Cyffredinol, yn dra chymwynasgar, wedi nodi dulliau y gallai'r NHS reoli ei wybodaeth yn well drwyddynt a'i rhannu ag eraill.

The third theme is very much about the openness that is now a really important part of the way that we manage patients. We must be open and honest. We must clearly explain any risk that patients are likely to face when they come within our services, so that proper judgments can be made and so that we can provide better supervision of junior medical staff and other clinical staff and improve the information available both to them and our patients.

Mae'r drydedd thema'n ymwneud yn agos iawn â'r gweithredu agored sydd bellach yn rhan wirioneddol bwysig o'n dull o drafod cleifion. Rhaid inni fod yn agored ac yn onest. Rhaid inni esbonio'n glir unrhyw risg y mae cleifion yn debygol o'i wynebu pan ddônt o fewn ein gwasanaethau, fel y gellir gwneud dyfarniadau priodol ac fel y gallwn ddarparu gwell goruchwyliaeth ar staff meddygol iau a staff clinigol eraill a gwella'r wybodaeth sydd ar gael iddynt hwy ac i'n cleifion.

I think that there is a lot that we can do with the very helpful suggestions made in this report. Underpinning that must be a better performance management process than that we have had in the past.

Credaf fod llawer y gallwn ei wneud gyda'r awgrymiadau defnyddiol iawn a roddir yn yr adroddiad hwn. Yn sylfaen i hynny rhaid cael gwell proses rheoli perfformiad na'r hyn a fu gennym yn y gorffennol.

[3] **Janet Davies:** We will explore some of those issues further, particularly the second and third themes, later this afternoon. Can you give me some idea of the level of priority that you would see this as having? Clearly, there are many priorities in the national health service. What sort of importance would this particular issue have?

[3] **Janet Davies:** Byddwn yn archwilio rhai o'r materion hynny ymhellach, yn enwedig yr ail a'r drydedd thema, yn ddiweddarach y prynhawn yma. A allwch roi rhyw syniad imi o'r lefel o flaenoriaeth a roddech i hyn? Mae'n amlwg bod llawer o flaenoriaethau yn y gwasanaeth iechyd gwladol. Pa fath o bwys a roddid ar y mater arbennig hwn?

Mrs Lloyd: The NHS has a duty to care for the people it treats. It is of primary importance and an extremely high priority. Therefore, in determining the performance management standards on which I will be working with the service during the next year, I would place this in a very prominent position.

Mrs Lloyd: Mae dyletswydd ar yr NHS i ofalu am y bobl y mae'n eu trin. Mae o'r pwys mwyaf ac yn flaenoriaeth uchel iawn. Felly, wrth bennu'r safonau rheoli perfformiad y byddaf yn gweithio arnynt gyda'r gwasanaeth yn ystod y flwyddyn nesaf, rhoddwn le amlwg iawn i hyn.

[4] **Janet Davies:** Thank you. Dafydd Wigley will ask the next questions.

[4] **Janet Davies:** Diolch i chi. Dafydd Wigley fydd yn gofyn y cwestiynau nesaf.

[5] **Dafydd Wigley:** Yr wyf am droi at gost gynyddol esgeulustod clinigol. Mae crynodeb y

[5] **Dafydd Wigley:** I want to turn to the increasing cost of clinical negligence. The summary of

cyfrifon yn dangos bod taliadau potensial iawndal am esgeulustod clinigol ym Mawrth 2000 yn £111 miliwn. Nid yw'r ffigur hwnnw ond yn adlewyrchu'r achosion hynny yr oedd y NHS yn ymwybodol ohonynt. Beth am y digwyddiadau hynny lle nad oedd cais am iawndal wedi dod i law pan wnaethpwyd y cyfrifon? A allwch roi sicrwydd inni nad oes costau sylweddol ychwanegol yn cuddio o dan yr wyneb?

accounts shows that the potential compensation payments for clinical negligence stand at £111 million in March 2000. That figure only reflects those cases of which the NHS was aware. What about the incidents for which a claim for compensation had not been received when the accounts were drawn up? Can you give us an assurance that additional substantial costs are not lurking under the surface?

[6] **Karen Sinclair:** Chair, the translation is not working.

[6] **Karen Sinclair:** Gadeirydd, nid yw'r cyfieithu'n gweithio.

[7] **Dafydd Wigley:** Shall I start again?

[7] **Dafydd Wigley:** A ddymunwch imi ddechrau eto?

[8] **Janet Davies:** My headset was working alright.

[8] **Janet Davies:** Yr oedd fy nghlustffon i yn gweithio'n iawn.

[9] **Dafydd Wigley:** Gofynnaf y cwestiwn eto. Yr wyf am ofyn am y digwyddiadau lle nad oedd cais am iawndal wedi dod i law pan wnaethpwyd y cyfrifon. A allwch roi sicrwydd inni nad oes costau sylweddol ychwanegol yn cuddio o dan yr wyneb a allai achosi goblygiadau cyllidol o bwys i'r NHS yn y dyfodol?

[9] **Dafydd Wigley:** I will ask the question again. I want to ask about the incidents for which compensation claims had not been received when the accounts were drawn up. Can you give us an assurance that there are no substantial additional costs lurking under the surface that could have important budgetary implications for the NHS in the future?

Mrs Lloyd: As you have seen from the report, the claims that take longest to settle are usually the most complex ones. That means that assessment of damage cannot be gauged until a considerable period of time has passed. However, the majority of claims are known about within the three-year period. I think that we have become much better, throughout the country, in assessing what compensation is likely to be paid and what the likelihood of settlement is. From the Auditor General's report I gained an indication that he was satisfied with the process that we are going through.

Mrs Lloyd: Fel y gwelsoch o'r adroddiad, yr hawliadau y cymerir yr amser hwyaf i'w setlo yw'r rhai mwyaf cymhleth fel rheol. Golyga hynny na ellir mesur yr asesiad o niwed hyd nes y bydd cryn amser wedi mynd heibio. Fodd bynnag, gwyddys am y rhan fwyaf o'r hawliadau oddi mewn i'r cyfnod tair blynedd. Credaf inni ddod yn llawer gwell, ledled y wlad, wrth asesu pa faint o iawndal sydd yn debygol o gael ei dalu a'r tebygolrwydd o setlo. O adroddiad yr Archwilydd Cyffredinol, cefais arwydd ei fod yn fodlon ar y broses yr ydym yn mynd drwyddi.

Given that clinical risk management was not in an advanced state 10 to 15 years ago, one cannot ever be 100 per cent sure that there is nothing lurking and ready to spring out that might make our assessments inadequate. However, many of the unfortunate cases are already in our system, being managed and cared for. We know which cases those are and we can make an assessment, even if a claim has not yet been made. However, the vast majority would appear within the first five to 10 years because a claim—for the majority—must be made before the child is 18.

O ystyried nad oedd rheoli risg clinigol yn ddatblygedig 10 i 15 mlynedd yn ôl, ni ellir byth fod yn gwbl sicr nad oes dim yn cuddio ac yn barod i neidio allan a allai beri i'n hasesiadau fod yn annigonol. Fodd bynnag, mae llawer o'r achosion anffodus yn ein system eisoes, yn cael eu rheoli ac yn derbyn gofal. Gwyddom ba rai yw'r achosion hynny a gallwn wneud asesiad, hyd yn oed os na chyflwynwyd hawliad eisoes. Fodd bynnag, deuai'r rhan helaethaf ohonynt i'r golwg o fewn y pump i 10 mlynedd cyntaf oherwydd rhaid cyflwyno hawliad—yn achos y mwyafrif—cyn i'r plentyn gyrraedd 18 oed.

Therefore, I feel confident that we have accurately predicted the amounts that are outstanding, but

Felly, teimlaf yn ffyddiog ein bod wedi rhagfynegi'r symiau sydd heb eu talu'n gywir, ond

we cannot be 100 per cent sure until our new risk management system and claims assessment system has run for the next three to four years.

ni allwn fod yn gwbl sicr hyd nes y bydd ein system rheoli risg a'n system asesu hawliadau newydd wedi rhedeg am y tair i bedair blynedd nesaf.

[10] **Dafydd Wigley:** Byddaf am ddod yn ôl at hynny ychydig yn nes ymlaen, efallai. Fodd bynnag, cyn dod at y cwestiwn nesaf yr oeddwn am ei ofyn ichi—os caf bwyso arnoch—dim ond yr achosion lle mae cais wedi dod i law sydd wedi'u cynnwys yn y ffigur £111 miliwn? Nid oes unrhyw ychwanegiad o gwbl ar gyfer yr achosion y credwch y bydd cais yn dod i law, ond lle nad oes un wedi dod i law hyd yn hyn?

[10] **Dafydd Wigley:** I will want to return to that a little later on, perhaps. However, before coming on to the next question that I wanted to ask you—if I may press you—it is only those cases where a claim has been received that are included in the figure of £111 million? There is no additionality for those cases where you think a claim will be made but where one had not yet been made?

Mrs Lloyd: That is true. There is not a contingency for that yet.

Mrs Lloyd: Mae hynny'n wir. Nid oes darpariaeth ar gyfer hynny eto.

[11] **Dafydd Wigley:** Felly, uwchben y £111 miliwn, o reidrwydd fe fydd swm ychwanegol ar gyfer y cyfran o hawliadau sydd yn debyg o ddod i law, ond sydd heb ddod hyd yma?

[11] **Dafydd Wigley:** Therefore, on top of the £111 million, of necessity there will be an additional sum for the proportion of claims that are likely to be received, but which have not yet been recieved?

Mrs Lloyd: Yes.

Mrs Lloyd: Bydd.

[12] **Dafydd Wigley:** Yn eich barn chi, pam mae cymaint o gynnydd yng nghost esgeulustod clinigol dros y blynyddoedd diwethaf?

[12] **Dafydd Wigley:** In your opinion, why is there so great an increase in the cost of clinical negligence over recent years?

Mrs Lloyd: I think that case law has increased lawyers' knowledge of the charges that can be vested against clinical incidents in the NHS. I think that people are much more aware of their rights, and therefore they will make claims. We also treat very many more patients than we did in the past. The type of cases that can now be treated in the NHS is much more extensive and complex than it was in the past. That is why risk assessment is so critical to us all. That is why there has been an increase. However, we have to try to obviate those claims that could be eliminated by changing our practice.

Mrs Lloyd: Credaf fod cyfraith achosion wedi cynyddu gwybodaeth cyfreithwyr am y cyhuddiadau y gellir eu dwyn mewn perthynas â digwyddiadau clinigol yn yr NHS. Credaf fod pobl yn llawer mwy ymwybodol o'u hawliau, ac felly byddant yn cyflwyno hawliadau. Yr ydym hefyd yn trin mwy o lawer o gleifion nag a buom yn y gorffennol. Mae'r math o achosion y gellir eu trin yn awr yn yr NHS yn llawer mwy eang a chymhleth nag yr oedd yn y gorffennol. Dyna pam y mae asesu risg mor allweddol i bawb ohonom. Dyna pam y bu cynnydd. Fodd bynnag, rhaid inni geisio osgoi'r hawliadau hynny y gellid eu dileu drwy newid ein harfer.

[13] **Dafydd Wigley:** Os ydych yn cymryd camau i weithredu mewn modd sydd yn dileu'r rheswm sylfaenol dros unrhyw gais am esgeulustod, mae hynny i'w groesawu oherwydd ei fod yn well i'r claf. Fodd bynnag, a ydych hefyd yn ceisio lleihau'r hawl sydd gan y claf i wneud cais am iawndal? A yw hynny'n rhan o'r strategaeth?

[13] **Dafydd Wigley:** If you are taking steps to act in a way that abolishes the basic reason for any application for clinical negligence, that is to be welcomed because it is better for the patient. However, are you also trying to curtail the right of the patient to make an application for compensation? Is that part of the strategy?

Mrs Lloyd: No, we have a duty of care to our patients. They have a right to compensation if we have done anything, or if they have suffered any mistreatment or injury in our care.

Mrs Lloyd: Nac ydyw, mae arnom ddyletswydd gofal at ein cleifion. Mae ganddynt hawl i dderbyn iawndal os gwnaethom rywbeth, neu os cawsant unrhyw gamdriniaeth neu anaf o dan ein gofal.

[14] **Dafydd Wigley:** Mae'r ffigur sydd yn

[14] **Dafydd Wigley:** The figure in the Auditor

adroddiad yr Archwilydd Cyffredinol yn dangos cynnydd o 400 y cant dros y pedair blynedd ddiwethaf. A ydych yn rhagweld y patrwm hwn o gynnydd yn parhau?

General's report shows an increase of 400 per cent over the past four years. Do you foresee that pattern of increase continuing?

Mrs Lloyd: No, I do not. In the past two years a large number of very longstanding cases have been settled. With our better ways and methodologies of assessing risks, we should be very able to assess what the burden on the NHS purse will be in the future. The number of cases is not rising. So there is not an increasing trend in the number of cases. However, I have settled a very large number of very expensive cases, occurring at least 10 years ago, in the past year.

Mrs Lloyd: Nac ydwyf. Yn y ddwy flynedd diwethaf setlwyd nifer mawr o achosion hen iawn. Gyda'r dulliau a'r methodolegau gwell sydd gennym, dylem fod yn gymwys iawn i asesu'r baich a fydd ar bwrs yr NHS yn y dyfodol. Nid yw nifer yr achosion yn codi. Felly nid oes tuedd cynyddol yn nifer yr achosion. Fodd bynnag, setlais nifer mawr iawn o achosion drud iawn, a ddigwyddodd o leiaf 10 mlynedd yn ôl, yn y flwyddyn a aeth heibio.

[15] **Dafydd Wigley:** O edrych arni felly, a'ch bod yn ymwybodol bod rhai o'r achosion drutaf wedi cael eu datrys yn ddiweddar, a ydych yn proffwydo y bydd lleihad yn y gost, os nad yn y nifer o achosion, dros y flwyddyn neu ddwy nesaf?

[15] **Dafydd Wigley:** Looking at it from that angle therefore, and as you are aware that some of the most expensive cases have been solved recently, do you predict that there will be a reduction in cost, if not in the number of cases, over the next year or two?

Mrs Lloyd: I think it would be prudent to go with the Auditor General's judgment on this, in terms of his assessment of what we have put in our books to meet the estimated cost of clinical negligence. I would go with his judgment.

Mrs Lloyd: Credaf mai doeth fyddai cyd-fynd â barn yr Archwilydd Cyffredinol ar hyn, o ran ei asesiad o'r hyn a roesom yn ein llyfrau i dalu cost amcangyfrifedig esgeulustod clinigol. Byddwn yn cyd-fynd â'i farn ef.

[16] **Janet Davies:** Lynne, would you continue on this line?

[16] **Janet Davies:** Lynne, a wnewch chi barhau ar y trywydd hwn?

[17] **Lynne Neagle:** The Auditor General's report states that the Woolf reforms, in the recent court of appeal ruling, will increase the total cost of claims in the short term. Have you discerned whether this has been the case so far?

[17] **Lynne Neagle:** Mae adroddiad yr Archwilydd Cyffredinol yn datgan y bydd diwygiadau Woolf, yn y dyfarniad yn y llys apêl yn ddiweddar, yn cynyddu cyfanswm cost hawliadau yn y tymor byr. A welsoch a fu felly hyd yn hyn?

Mrs Lloyd: Not so far; we have no evidence to show that. However, if we are going for a much faster resolution of claims and alternative methods of looking at how to manage claims, it is likely that there will be a bulge in the settlement before it recedes again.

Mrs Lloyd: Nid hyd yn hyn; nid oes gennym dystiolaeth i ddangos hynny. Fodd bynnag, os ydym am geisio penderfynu hawliadau'n llawer cynt a chael dulliau eraill o ystyried sut i reoli hawliadau, mae'n debygol y bydd ymchwydd yn y setliad cyn iddo gilio eto.

[18] **Lynne Neagle:** Could I ask Alison Walcot what impact the court of appeal ruling to increase damages by up to 30 per cent will have on clinical negligence costs?

[18] **Lynne Neagle:** A gaf ofyn i Alison Walcot am yr effaith a gaiff dyfarniad y llys apêl i gynyddu iawndal o hyd at 30 y cant ar gostau esgeulustod clinigol?

Mrs Walcot: It will have some impact on general damages, but it will have little impact on small claims. The 30 per cent increase in general damages applies to larger claims. It is a tapered percentage and so it will have little impact on smaller claims.

Mrs Walcot: Caiff rywfaint o effaith ar iawndal cyffredinol, ond ychydig o effaith a gaiff ar hawliadau bach. Mae'r 30 y cant o gynnydd mewn iawndal cyffredinol yn ymwneud â hawliadau mwy. Mae'n ganran daprog ac felly ni chaiff lawer o effaith ar hawliadau llai.

[19] **Lynne Neagle:** When the health authorities

[19] **Lynne Neagle:** Pan ddiddymir yr awdurdodau

are abolished in April 2003, who will take over the responsibility for managing the claims that are outstanding against them?

Mrs Lloyd: That question has not yet been addressed but I will be able to provide you with an answer in the next three months, when the structural task and finish group that I chair will report. However, the last time there was any change in legislation to the bodies governing the NHS, liability tended to stay with those that had incurred the liability or their successor. That is one of the matters that we will be considering. I am sorry that I cannot give you detail on that today.

[20] **Janet Davies:** We now move on to the second section, on how claims are managed. I address my questions to you, Mrs Lloyd. The Auditor General found that a third of clinical negligence claims involved errors that were not related to clinical judgment or skill, and that such errors cost the NHS £4.2 million in 1999-2000. Before this report came out, to what extent was it recognised that poor records and communication were such a contributory factor?

Mrs Lloyd: I think that throughout the NHS in general there has been rising concern about the number of complaints and claims received that have arisen from poor record keeping and poor communication. In my discussions next week with the chief executives of the health authorities and trusts, in conjunction with the Welsh Risk Pool standards, I shall draw their attention to the necessity of ensuring that the breaking of bad news improves and ensuring good communication between patients and their clinical providers. That is absolutely essential and we would wish to see an improvement in it. In addition, we wish to take forward the standard of record keeping to ensure that medical records do not get lost or are inadequately completed.

Much of that is being addressed in terms of junior medical and nursing training with changes in the year five curriculum to ensure that the very junior doctors understand the importance of communicating with patients and to ensure that they have a number of methods through which they can impart information and have a true discussion with patients. We should really avoid those problems. That is one of the key challenges that the NHS will face in the next couple of years. Patients have a right to expect that we can communicate with them well and manage their medical records competently.

iechyd yn Ebrill 2003, pwy fydd yn ymgymryd â chyfrifoldeb dros reoli'r hawliadau sydd ar ôl yn eu herbyn?

Mrs Lloyd: Ni wynebwyd y cwestiwn hwnnw eto ond byddaf yn gallu rhoi ateb i chi yn y tri mis nesaf, pan fydd y grwp gorchwyl a gorffen strwythurol yr wyf yn gadeirydd arno yn adrodd. Fodd bynnag, y tro diwethaf y bu unrhyw newid mewn deddfwriaeth i'r cyrff sydd yn rheoli'r NHS, yr oedd tuedd i'r atebolrwydd aros gyda'r rhai a oedd wedi cael yr atebolrwydd neu eu holynydd. Dyna un o'r materion y byddwn yn eu hystyried. Mae'n ddrwg gennyf na allaf roi manylion i chi ar hynny heddiw.

[20] **Janet Davies:** Awn ymlaen yn awr at yr ail adran, ynghylch y dull o reoli hawliadau. Cyfeiriaf fy nghwestiynau atoch chi, Mrs Lloyd. Canfu'r Archwilydd Cyffredinol fod un rhan o dair o hawliadau esgeulustod clinigol yn ymwneud â chamgymeriadau nad oeddent yn ymwneud â barn neu fedr clinigol, a bod camgymeriadau o'r fath wedi costio £4.2 miliwn i'r NHS yn 1999-2000. Cyn i'r adroddiad hwn ddod i law, i ba raddau y gwelwyd bod cofnodion a chyfathrebu gwael yn ffactor a oedd yn cyfrannu cymaint?

Mrs Lloyd: Credaf fod pryder cynyddol wedi bod drwy'r NHS yn gyffredinol ynghylch nifer y cwynion a'r hawliadau a dderbyniwyd sydd yn ganlyniad i gadw cofnodion gwael a chyfathrebu gwael. Yn fy nhrafodaethau'r wythnos nesaf gyda phrif weithredwyr yr awdurdodau iechyd a'r ymddiriedolaethau, mewn cysylltiad â safonau Cronfa Risg Cymru, byddaf yn tynnu eu sylw at yr angen i sicrhau gwelliant wrth dorri newyddion drwg a sicrhau cyfathrebu da rhwng cleifion a'u darparwyr clinigol. Mae hynny'n gwbl hanfodol a dymunwn weld gwelliant yn hynny. At hynny, dymunwn yrru ymlaen â safon cadw cofnodion er mwyn sicrhau na fydd cofnodion meddygol yn cael eu colli neu eu cwblhau'n annigonol.

Ymdrinnir â llawer o hynny yn nhermau hyfforddiant staff meddygol iau a nyrsio gyda newidiadau yng nghwricwlwm blwyddyn pump i sicrhau bod y meddygon ifanc iawn yn deall mor bwysig yw cyfathrebu â chleifion a sicrhau bod ganddynt nifer o ddulliau y gallant eu defnyddio i gyflwyno gwybodaeth a chael trafodaeth wirioneddol â chleifion. Dylem osgoi'r problemau hynny mewn gwirionedd. Dyna un o'r heriau allweddol y bydd yr NHS yn eu hwynebu yn ystod y blynyddoedd nesaf. Mae gan gleifion hawl i ddisgwyl y gallwn gyfathrebu â hwy'n dda a thrafod eu cofnodion meddygol yn fedrus.

[21] **Janet Davies:** You mentioned the issue of reporting claims. In the *British Medical Journal* last week it was pointed out that this was very important and that it was difficult to persuade staff to report claims. One trust was mentioned where the threat of disciplinary measures had been raised. Clearly that would not be the best of ways to address it. Have you any ideas about how you would propose to address that particular issue?

[21] **Janet Davies:** Soniasoch am fater adrodd am hawliadau. Yn y *British Medical Journal* yr wythnos diwethaf nodwyd bod hyn yn bwysig iawn a'i bod yn anodd darbwyllo staff i adrodd am hawliadau. Crybwyllwyd un ymddiriedolaeth lle y codwyd y bygythiad o gamau disgyblu. Mae'n amlwg nad hynny fyddai'r dull gorau o ymdrin â hyn. A oes gennych unrhyw syniadau ynghylch y modd y bwriadwch ymdrin â'r mater arbennig hwnnw?

Mrs Lloyd: In my experience it is a matter of culture. We have an ideal opportunity now with the reform of the complaints procedures within the NHS, to instil a culture of no blame and ensure that adverse clinical incidents are properly recorded and managed and dealt with so that we learn from them and do not just blame people so that they therefore start to cover up, which is human nature. I think that as part of the NHS complaints reform, we must give guidance to the service and training to its staff on how to institute a no-blame culture so that there is a rise in the reporting of incidents that occur during everyday life on wards and in the community. We can then act on them properly. If you do not know what is happening you cannot possibly train people to avoid it reoccurring in the future.

Mrs Lloyd: O'm profiad i mae'n fater o ddiwylliant. Mae gennym gyfle delfrydol yn awr gyda diwygio'r gweithdrefnau cwynion oddi mewn i'r NHS, i feithrin diwylliant o beidio â bwrw bai a sicrhau y caiff digwyddiadau clinigol adfydus eu cofnodi a'u rheoli a'u trafod yn briodol fel ein bod yn dysgu oddi wrthynt ac nid yn bwrw'r bai ar bobl yn unig fel eu bod felly'n dechrau cuddio bai, sydd yn rhan o'r natur ddynol. Fel rhan o'r diwygiad ynghylch cwynion yn yr NHS, credaf fod yn rhaid inni roi arweiniad i'r gwasanaeth a hyfforddiant i'w staff ynghylch y modd i sefydlu diwylliant o beidio â bwrw bai fel bod cynnydd yn yr adrodd am ddigwyddiadau sydd yn digwydd yn ystod bywyd bob dydd yn y wardiau ac yn y gymuned. Wedyn gallwn gymryd camau priodol yn eu cylch. Os na wyddoch beth sydd yn digwydd, nid oes modd o gwbl ichi hyfforddi pobl i'w atal rhag digwydd eto yn y dyfodol.

[22] **Janet Davies:** The Auditor General refers to reducing the incidence of what he calls 'non-clinical errors' by a third. Do you think that is a reasonable level of reduction to aim for and when do you think you might manage to achieve it, bearing in mind that people suffer from errors?

[22] **Janet Davies:** Mae'r Archwilydd Cyffredinol yn cyfeirio at leihau mynychder yr hyn a eilw'n 'gamgymeriadau anghlinigol' o un rhan o dair. A gredwch fod hynny'n lefel resymol o ostyngiad i anelu ati a pha bryd y credwch y gallech lwyddo i'w chyrraedd, o gofio bod pobl yn dioddef oherwydd camgymeriadau?

Mrs Lloyd: I think that it is reasonable as a start. Obviously, if we are going to place a very high priority on this important area it will probably take, if most claims come in within two years, two years to see the benefits of it. Nevertheless, in the meantime, I will be carefully monitoring the chief executives' actions within their trusts and the health authorities to ensure that better communication is part of the training programme and that they pay real attention to it. In addition, they must improve, with the Welsh Risk Pool assessors, the standard of record keeping. Therefore, I think that it is a good start and I would hope to better it in the future.

Mrs Lloyd: Credaf ei fod yn rhesymol fel man cychwyn. Wrth gwrs, os byddwn yn rhoi blaenoriaeth uchel iawn i'r maes pwysig hwn bydd yn cymryd dwy flynedd yn ôl pob tebyg, os daw'r rhan fwyaf o hawliadau i mewn o fewn dwy flynedd, i weld yr enillion oddi wrth hynny. Er hynny, yn y cyfamser, byddaf yn monitro'n ofalus y camau y mae'r prif weithredwyr yn eu cymryd oddi mewn i'w hymddiriedolaethau a'r awdurdodau iechyd i sicrhau bod gwell cyfathrebu'n rhan o'r rhaglen hyfforddi a'u bod yn rhoi sylw gwirioneddol iddo. Ar ben hynny, rhaid iddynt wella safon cadw cofnodion, gydag aseswyr Cronfa Risg Cymru. Felly, credaf fod hyn yn ddechrau da a gobeithiwn ragori arno yn y dyfodol.

[23] **Karen Sinclair:** I would like to follow up on

[23] **Karen Sinclair:** Hoffwn ddilyn trywydd eich

your observations about record keeping and communications, and how imperative it is that these are done properly in order to get a historical view of what has gone on. You mentioned how imperative it is that that is a part of nursing and medical training. What will you do to address the training needs of existing staff, such as nurses who are now on the wards, who will need that training? Will it also be a part of some sort of induction course for nurse returners?

sylwadau am gadw cofnodion a chyfathrebu, ac mor hanfodol ydyw gwneud y rhain yn iawn er mwyn cael golwg hanesyddol ar yr hyn a ddigwyddodd. Soniasoch mor hanfodol ydyw i hyn fod yn rhan o hyfforddiant nyrsio a meddygol. Beth a wnewch i roi sylw i anghenion hyfforddi'r staff presennol fel nyrsys sydd yn y wardiau ar hyn o bryd, y bydd arnynt angen yr hyfforddiant hwnnw? A fydd hefyd yn rhan o ryw fath o gwrs cyflwyno i rai sydd yn dychwelyd i nyrsio?

Mrs Lloyd: That is an extremely good suggestion. I would expect that all staff have a responsibility to keep up-to-date, and that the employer has a responsibility to give them the time and encouragement to do so. The importance of good communications and good record keeping is now part of the professional responsibility. Many good things have been done, within and without Wales, to train existing staff to communicate well and to keep their records well. However, to ensure that that improvement is being effected, we need to continuously audit whether or not the message has sunk in and whether there is real change.

Mrs Lloyd: Mae hynny'n awgrym da iawn. Disgwyliwn fod cyfrifoldeb gan yr holl staff i fod yn ymwybodol o'r arfer diweddaraf, a bod gan y cyflogwr gyfrifoldeb i roi'r amser a'r anogaeth iddynt wneud hynny. Mae pwysigrwydd cyfathrebu da a chadw cofnodion da yn rhan o'r cyfrifoldeb proffesiynol bellach. Gwnaethpwyd llawer o bethau da, yng Nghymru a thu hwnt i Gymru, i hyfforddi'r staff presennol i gyfathrebu'n dda a chadw eu cofnodion yn dda. Fodd bynnag, er mwyn sicrhau bod gwelliant yn digwydd, mae angen inni archwilio o hyd i ganfod a yw'r neges wedi gwneud argraff neu beidio ac a oes newid gwirioneddol.

[24] **Alison Halford:** Hello, Mrs Lloyd. I am sure that this Committee wishes you well in the difficult job that you have in front of you. I will pick up on Karen's theme of communication. It is fine to train junior staff, but from previous experience, I know that you can train the youngsters and then put them into the canteen culture of those who do not believe in training. How will you handle the perceived arrogance of the senior clinicians?

[24] **Alison Halford:** Helô, Mrs Lloyd. Yr wyf yn sicr bod y Pwyllgor hwn yn dymuno'n dda i chi yn y gwaith anodd sydd gennych o'ch blaen. Dilynaf thema Karen ar gyfathrebu. Mae'n ddigon teg hyfforddi staff iau, ond o'm profiad blaenorol, gwn y gallwch hyfforddi'r rhai ifanc a'u rhoi wedyn yn niwylliant ffreutur y rhai nad ydynt yn credu mewn hyfforddiant. Sut y byddwch yn trin trahauster canfyddedig y clinigwyr hyn?

Mrs Lloyd: I think that, in my experience, I have found that what senior clinicians, and all clinicians, find most difficult is breaking bad news and giving bad messages. Many trusts throughout the country are now having mandatory training programmes for their clinicians, once they are no longer juniors, on breaking bad news and communicating with patients. I think that that is very important. I have found that most clinicians are very receptive to it. It is clear from the General Medical Council that communicating well with patients and what should be done about that is now part of the professional responsibility. That has been an important message from the General Medical Council. Therefore, I would expect to be seeing from the trusts what arrangements they are making to ensure that their clinical colleagues can match the GMC's expectation.

Mrs Lloyd: O'm profiad i, credaf imi ddarganfod mai'r hyn y mae clinigwyr hyn, a'r holl glinigwyr, yn ei chael yn fwyaf anodd yw torri newyddion drwg a rhoi negeseuon drwg. Mae llawer o ymddiriedolaethau ledled y wlad bellach yn cynnal rhaglenni hyfforddi gorfodol i'w clinigwyr, wedi iddynt beidio â bod yn glinigwyr iau, ar dorri newyddion drwg a chyfathrebu â chleifion. Credaf fod hynny'n bwysig iawn. Cefais fod y rhan fwyaf o glinigwyr yn barod iawn i'w dderbyn. Mae'r Cyngor Meddygol Cyffredinol wedi rhoi ar ddeall bod cyfathrebu'n dda â chleifion a'r hyn y dylid ei wneud ynghylch hynny yn rhan o'r cyfrifoldeb proffesiynol bellach. Yr oedd hynny'n neges bwysig oddi wrth y Cyngor Meddygol Cyffredinol. Felly, disgwyliwn i'r ymddiriedolaethau ddangos y trefniadau y maent yn eu gwneud i sicrhau y gall eu cydweithwyr clinigol gyflawni disgwyliad y Cyngor Meddygol Cyffredinol.

[25] **Janet Davies:** I will pick up on one thing that Alison said. There is clearly a difference between communicating with patients and communicating well with patients. There was a time when, perhaps, patients were told very little, and sometimes, perhaps, they are told things rather too briskly and openly. Will you take that on board as well?

[25] **Janet Davies:** Dilynaf un o'r pethau a ddywedodd Alison. Mae'n amlwg bod gwahaniaeth rhwng cyfathrebu â chleifion a chyfathrebu'n dda â chleifion. Yr oedd adeg pan ddywedid ychydig iawn wrth gleifion, efallai, ac weithiau, efallai, dywedir pethau wrthynt braidd yn rhy swta ac agored. A ydych yn derbyn hynny hefyd?

Mrs Lloyd: Yes. That is vital. You are quite right to make that distinction. As clinicians are now required to work in teams much more than previously, I would expect the whole team to address the issue of communication with patients, because it is no longer a question of one doctor sitting in front of one patient. It is a question of the whole team understanding what care it can provide to that patient and listening to the patient's needs as well.

Mrs Lloyd: Ydwyf. Mae hynny'n holl bwysig. Yr ydych yn llygad eich lle yn gwahaniaethu felly. Gan ei bod yn ofynnol yn awr i glinigwyr weithio mewn timau i raddau llawer mwy nag o'r blaen, disgwyliwn i'r tîm cyfan roi sylw i fater cyfathrebu â chleifion, oherwydd nid yw'n fater o un meddyg yn eistedd o flaen un claf bellach. Mae'n fater o'r tîm cyfan yn deall pa ofal y gall ei roi i'r claf hwnnw a gwrando ar anghenion y claf yn ogystal.

[26] **Lynne Neagle:** The number of claims in Wales is rising, yet claims managers in trusts have had relatively little formal training. What are you doing to ensure that trusts, and in particular, claims managers, are properly equipped to handle a growing workload?

[26] **Lynne Neagle:** Mae nifer yr hawliadau yng Nghymru ar gynnydd, ac eto cymharol ychydig o hyfforddiant ffurfiol a gafodd rheolwyr hawliadau mewn ymddiriedolaethau. Beth yr ydych yn ei wneud i sicrhau bod ymddiriedolaethau, ac yn enwedig rheolwyr hawliadau, yn gymwys fel y dylent fod i drafod baich gwaith cynyddol?

Mrs Lloyd: They are a vitally important resource. As you can see from the Auditor General's report, the workload is growing. Many are part time, and few have had training. I am grateful to the Welsh Risk Pool for addressing that problem vigorously by establishing its Risk Managers Network and by putting on good quality training courses for them. I think that the network will be important in terms of sharing experience and enabling them to provide support to each other. I would expect, as claims become more complex, and as we move towards suggestions about arbitration and non-litigious ways of managing claims in the future, that we will need to have more claims management experience in each organisation.

Mrs Lloyd: Maent yn adnodd holl bwysig. Fel y gallwch weld o adroddiad yr Archwilydd Cyffredinol, mae'r baich gwaith yn cynyddu. Mae llawer yn rhan amser, ac ychydig ohonynt sydd wedi'u hyfforddi. Yr wyf yn ddiolchgar i Gronfa Risg Cymru am ymdrin yn egnïol â'r broblem honno drwy sefydlu ei Rhwydwaith Rheolwyr Risg a drwy gynnal cyrsiau hyfforddi o ansawdd da ar eu cyfer. Credaf y bydd y rhwydwaith yn bwysig o ran rhannu profiad a'u galluogi i gynorthwyo'i gilydd. Byddwn yn disgwyl, wrth i'r hawliadau fynd yn fwy cymhleth, ac wrth inni symud tuag at awgrymiadau am gyflafareddu a dulliau anghyfreithgar o reoli hawliadau yn y dyfodol, y bydd angen inni gael rhagor o brofiad o reoli hawliadau ym mhob corff.

[27] **Lynne Neagle:** Welsh Health Legal Services effectively has a monopoly on providing legal advice to trusts and since the Assembly has now decided to fund Welsh Health Legal Services directly, it falls to us to ensure that it provides good value for money. The report states that Welsh Health Legal Services is currently seeking a system of self-assessment or accreditation. Could you tell us what that involves and when the system will be in place?

[27] **Lynne Neagle:** Mae gan Wasanaethau Cyfreithiol Iechyd Cymru fonopoli i bob pwrpas ar roi cyngor cyfreithiol i ymddiriedolaethau a chan fod y Cynulliad bellach wedi penderfynu ariannu Gwasanaethau Cyfreithiol Iechyd Cymru'n uniongyrchol, ein lle ni yw sicrhau ei fod yn rhoi gwerth da am arian. Dywed yr adroddiad fod Gwasanaethau Cyfreithiol Iechyd Cymru yn chwilio ar hyn o bryd am system hunanasesu neu achredu. A allech ddweud wrthym beth y mae hynny'n ei olygu a pha bryd y bydd y system ar waith?

Mrs Lloyd: I will ask Mr Kershaw to answer that because he could provide you with more details, if that is acceptable, Chair?

[28] **Janet Davies:** Yes, that is fine.

Mr Kershaw: We are concerned that we get good value for money and quality from Welsh Health Legal Services. I think that the report points out that, in 1994, we undertook a pilot scheme using a private set of lawyers to look after claims from a particular part of Wales, which happened to be Mid Glamorgan. The outcome of that work suggested that, for approximately twice the cost, there was no discernible difference in the outcome of the cases that were handled, albeit that it is particularly difficult to be clear about the quality of outcomes. We have considered whether the service should be put out to tender, but at the moment we are going down the road of accrediting Welsh Health Legal Services. We recently put out to tender for organisations to examine the service, and I am pleased to say that that contract has been awarded and will start very shortly. The details are that this organisation will come in to look at the practices within Welsh Health Legal Services to ensure that they are up-to-date and conform to what are called 'lexcel standards', which are promoted by the Law Society.

In addition to that, part of the review of the claims that we are undertaking in Wales will involve looking at 20 cases from their origin, including the risk management, through to the claims coming through, how they were handled, and what the outcomes were. Part of that review will be to consider the legal advice that we got half way through the process. We are going to set up a peer group review to look at how we manage those claims, so we are being intrusive in the approach that Welsh Health Legal Services is taking.

[29] **Lynne Neagle:** I would like to ask Alison Walcot how confident she is that Welsh Health Legal Services' systems are working well and provide value for money.

Ms Walcot: I think that the answer to that would be that we are very confident at the moment.

[30] **Karen Sinclair:** The Auditor General reports that claims are taking, on average, four and a half years from the date of the incident to settlement. That is quite a long time is it not? The Woolf

Mrs Lloyd: Gofynnaf i Mr Kershaw ateb hynny oherwydd gallai roi mwy o fanylion i chi, os yw hynny'n dderbyniol, Gadeirydd?

[28] **Janet Davies:** Ydyw, mae hynny'n iawn.

Mr Kershaw: Mae'n bwysig i ni ein bod yn cael gwerth da am arian ac ansawdd gan Wasanaethau Cyfreithiol Iechyd Cymru. Credaf fod yr adroddiad yn nodi ein bod, yn 1994, wedi ymgymryd â chynllun peilot gan ddefnyddio set breifat o gyfreithwyr i ofalu am hawliadau o ran arbennig o Gymru, sef Morgannwg Ganol fel yr oedd yn digwydd. Yr oedd canlyniad y gwaith hwnnw'n awgrymu, am tua dwywaith y gost, nad oedd unrhyw wahaniaeth canfyddadwy, yng nghanlyniad yr achosion a drafodwyd, er ei bod yn arbennig o anodd bod yn bendant ynghylch ansawdd canlyniadau. Yr ydym wedi ystyried a ddylid gosod y gwasanaeth ar dendr, ond ar hyn o bryd yr ydym yn dilyn llwybr achredu Gwasanaethau Cyfreithiol Iechyd Cymru. Yn ddiweddar gosodasom dendr i gyrff i archwilio'r gwasanaeth, ac yr wyf yn falch o ddweud bod y contract hwnnw wedi'i ddyfarnu ac y bydd yn dechrau'n fuan iawn. Y manylion yw y bydd y corff hwn yn dod i mewn i edrych ar yr arferion oddi mewn i Wasanaethau Cyfreithiol Iechyd Cymru i sicrhau eu bod yn gyfoes ac yn cydymffurfio â'r hyn a elwir yn 'safonau *lexcel*', a hyrwyddir gan Gymdeithas y Gyfraith.

Yn ogystal â hynny, bydd rhan o'r adolygiad o'r hawliadau yr ydym yn ymgymryd ag ef yng Nghymru yn golygu edrych ar 20 o achosion o'u dechreuad, gan gynnwys y rheolaeth risg, hyd at yr adeg pan fydd yr hawliadau'n dod drwodd, sut y trafodwyd hwy, a beth oedd y canlyniadau. Rhan o'r adolygiad hwnnw fydd ystyried y cyngor cyfreithiol a gawsom hanner ffordd drwy'r broses. Byddwn yn sefydlu adolygiad grwp cymheiriaid i edrych ar y modd yr ydym yn rheoli'r hawliadau hynny, felly yr ydym yn ymwthiol o ran y dull gweithredu y mae Gwasanaethau Cyfreithiol Iechyd Cymru yn ei ddilyn.

[29] **Lynne Neagle:** Hoffwn ofyn i Alison Walcot pa mor ffyddiog ydyw hi fod systemau Gwasanaethau Cyfreithiol Iechyd Cymru'n gweithio'n dda ac yn rhoi gwerth am arian.

Ms Walcot: Credaf mai'r ateb i hynny fyddai ein bod yn ffyddiog iawn ar hyn o bryd.

[30] **Karen Sinclair:** Mae'r Archwilydd Cyffredinol yn adrodd bod hawliadau, ar gyfartaledd, yn cymryd pedair blynedd a hanner o ddyddiad y digwyddiad hyd at eu setlo. Mae

reforms now impose a faster procedure for dealing with claims. What steps have you taken to ensure that the NHS will be able to meet these timetables and that claimants will receive their compensation more promptly?

hynny'n gyfnod eithaf hir, onid yw? Mae diwygiadau Woolf bellach yn gorfodi gweithdrefn gyflymach ar gyfer trafod hawliadau. Pa gamau a gymerasoch i sicrhau y bydd yr NHS yn gallu cwrdd â'r amserlenni hyn ac y bydd hawlwyr yn derbyn eu hiawndal yn fwy prydlon?

Mrs Lloyd: As you know from the Auditor General's report, claimants will take up to two years before making a claim, so that is two years gone. I am not yet sure how I can reduce those two years, but certainly through our patients' forum, we will explore how people might make their claims or concerns known earlier. In terms of the rest of the time that it takes, that is very much vested in a much slicker handling of the risk and claims management systems. That is where the training and development that we give the risk managers and other staff in the trust comes in. The training should explain their role clearly and ensure that we are not bogged down in bureaucratic processes. It should also ensure that when an incident has been reported, all the clinical information that we will need in order to assess whether or not a claim has any justification can be gathered at a much earlier stage so that people can receive recompense at an earlier stage, if it is proven that they are entitled to it.

Mrs Lloyd: Fel y gwyddoch o adroddiad yr Archwilydd Cyffredinol, gall hawlwyr gymryd hyd at ddwy flynedd cyn cyflwyno hawliad, felly dyna ddwy flynedd wedi mynd. Nid wyf yn sicr eto sut y gallaf gwtogi ar y ddwy flynedd hynny ond, yn sicr, drwy ein fforwm cleifion byddwn yn ystyried sut y gallai pobl roi gwybod am eu hawliadau neu eu pryderon yn gynt. O ran gweddill yr amser y mae'n ei gymryd, mae hynny'n dibynnu'n fawr ar drafod y systemau rheoli risg a hawliadau'n fwy deheuig. Dyna lle y bydd yr hyfforddi a datblygu a rown i'r rheolwyr risg a'r staff eraill yn yr ymddiriedolaeth yn cyfrannu. Dylai'r hyfforddiant egluro eu rôl yn fanwl a sicrhau nad ydym yn cael ein llethu gan brosesau biwrocrataidd. Dylai sicrhau hefyd, pan roddwyd gwybod am ddigwyddiad, fod modd casglu'r holl wybodaeth glinigol y bydd arnom ei hangen er mwyn asesu a oes cyfiawnhad dros hawliad neu beidio yn gynt o lawer fel y gall pobl dderbyn iawndal yn gynt, os profir bod ganddynt hawl i'w dderbyn.

As I said previously, the cases that take the longest on many occasions depend on assessments that can only be undertaken, as you understand, a very long way down the track. I do not see a way of settling those very much earlier. However, we could consider what sort of recompense is appropriate in the meantime and how to manage the patients and their relatives more appropriately. I would like time to think about that particular difficult problem.

Fel y dywedais eisoes, mae'r achosion sydd yn cymryd yr amser hwyaf yn dibynnu lawer gwaith ar asesiadau na ellir ond ymgymryd â hwy, fel y deallwch, yn hwyr iawn yn y broses. Ni welaf fodd i setlo'r rheini'n llawer cynt. Fodd bynnag, gallem ystyried pa fath o iawndal sydd yn briodol yn y cyfamser a sut i drafod y cleifion a'u perthnasau'n fwy priodol. Hoffwn gael amser i fyfyrio ynghylch y broblem anodd arbennig honno.

[31] **Karen Sinclair:** Thank you. What about deadlines imposed for handling claims? Has the NHS paid any financial penalties so far?

[31] **Karen Sinclair:** Diolch. Beth am derfynau amser ar gyfer trafod hawliadau? A yw'r NHS wedi talu unrhyw gosbau ariannol hyd yn hyn?

Mrs Lloyd: Not to my knowledge, but I could submit a note on that. Nobody has reported that to me yet.

Mrs Lloyd: Nid hyd y gwn i, ond gallwn gyflwyno nodyn ar hynny. Nid oes neb wedi adrodd hynny imi eto.

[32] **Karen Sinclair:** Alison, if I may call you Alison, what assistance can you offer trusts to speed up the progress of cases and minimise the risk of incurred penalties?

[32] **Karen Sinclair:** Alison, os caf eich galw'n Alison, pa gymorth y gallwch ei gynnig i ymddiriedolaethau i gyflymu hynt achosion a lleihau'r risg o gosbau a osodir?

Ms Walcot: The management of the claims and the recent civil procedure reforms that have come through the court are helping to impact, and are having an impact on timing. We will not know the true benefit of those until the end of this year

Ms Walcot: Mae'r dull o reoli'r hawliadau a'r diwygiadau diweddar yn yr weithdrefn sifil a ddaeth drwy'r llys yn helpu i gael effaith, ac maent yn effeithio ar amseru. Ni fyddwn yn gwybod gwir fantais y rheini tan ddiwedd y flwyddyn yma

perhaps. However, they are helping to prevent any delays and to ensure that other methods are used in part of the management of the claims. The court is taking a very active role in the management of the claims and that may well help to speed up the process.

efallai. Fodd bynnag, maent yn helpu i atal unrhyw oedi a sicrhau defnyddio dulliau eraill mewn rhan o'r dull o reoli'r hawliadau. Mae'r llys yn cymryd rôl weithredol iawn wrth reoli'r hawliadau ac mae'n bosibl iawn y bydd hynny o gymorth i gyflymu'r broses.

[33] **Karen Sinclair:** Figure 3.10 on page 24 of the Auditor General's report highlights that the two measures that trusts consider most likely to reduce the time taken to resolve claims are proactive investigation of incidents and better co-operation from clinicians. How do you intend to improve these aspects of claims management?

[33] **Karen Sinclair:** Mae ffigur 3.10 ar dudalen 24 o adroddiad yr Archwilydd Cyffredinol yn pwysleisio mai'r ddau fesur y mae'r ymddiriedolaethau'n credu eu bod yn fwyaf tebygol o leihau'r amser a gymerir i benderfynu ar hawliadau yw archwilio digwyddiadau'n rhagweithiol a gwell cydweithrediad gan glinigwyr. Sut y bwriadwch wella'r agweddau hyn ar y dull o reoli hawliadau?

Mrs Lloyd: I intend to ask the chief executives, when I meet with them next Tuesday, what their views are on how the better involvement of clinicians, more co-operation—if that is how it is judged—and the proactive investigation of complaints might be improved this year. Again, that might involve training and education programmes and a much better relationship between claims management and the clinical people with whom they need to work. I will take that up with the chief executives and expect a report back from them within the next three months.

Mrs Lloyd: Bwriadaf ofyn i'r prif weithredwyr, pan gyfarfyddaf â hwy ddydd Mawrth nesaf, am eu barn ar y modd i gael gwelliant eleni yn y rhan a gymerir gan glinigwyr, mewn cydweithrediad cynyddol— os mai felly y'i bernir—ac mewn archwilio cwynion yn rhagweithiol. Unwaith eto, gallai hynny gynnwys rhaglenni hyfforddiant ac addysg a gwell perthynas o lawer rhwng rheolwyr hawliadau a'r gweithwyr clinigol y mae angen iddynt weithio â hwy. Codaf hynny gyda'r prif weithredwyr a disgwyliaf dderbyn adroddiad yn ôl ganddynt o fewn y tri mis nesaf.

[34] **Janet Davies:** Do you want to ask anything else, Karen?

[34] **Janet Davies:** A ddymunwch ofyn unrhywbeth arall, Karen?

[35] **Karen Sinclair:** Not at the moment.

[35] **Karen Sinclair:** Nid ar hyn o bryd.

[36] **Janet Davies:** I turn to the issue of the availability of information, which seems to be a very serious problem. We know that clinical negligence is costing the NHS substantial sums each year and that the costs appear to be rising. There is a lack of basic information at trust and Assembly level to inform the handling of claims. How can you tackle clinical negligence effectively without that information?

[36] **Janet Davies:** Trof at fater argaeledd gwybodaeth, yr ymddengys ei fod yn broblem ddifrifol iawn. Gwyddom fod esgeulustod clinigol yn costio symiau sylweddol i'r NHS bob blwyddyn a'i bod yn ymddangos bod y costau'n cynyddu. Mae diffyg gwybodaeth sylfaenol ar lefel yr ymddiriedolaethau a'r Cynulliad i oleuo'r dull o drafod hawliadau. Sut y gallwch fynd i'r afael ag esgeulustod clinigol yn effeithiol heb yr wybodaeth honno?

Mrs Lloyd: The Welsh risk management standards and the detailed information that we receive from that will be extremely useful to us in the next two years to ensure that the clinical governance requirements placed on trusts and health authorities might be effected. I will also have better information when the clinical governance review has completed its work and reported to me. I agree that, without the basic tools in place, it is extraordinarily difficult to manage oneself out of a situation where one does not really know what is

Mrs Lloyd: Bydd safonau rheoli risg Cymru a'r wybodaeth fanwl a dderbyniwn o hynny yn ddefnyddiol dros ben i ni yn y ddwy flynedd nesaf er mwyn sicrhau y gellir cyflawni'r gofynion llywodraethu clinigol a roddir ar ymddiriedolaethau ac awdurdodau iechyd. Bydd gennyf well gwybodaeth hefyd pan fydd yr adolygiad llywodraethu clinigol wedi cwblhau ei waith ac wedi adrodd i mi. Cytunaf, os na fydd yr arfau sylfaenol yn eu lle, ei bod yn eithriadol o anodd llwyddo i ddod allan o sefyllfa lle nad yw

going on. We are co-operating with England on the adverse clinical incident reporting mechanisms because it is really important to have an overview of trends across the whole of the United Kingdom. We really need to reach a situation that ensures that we have proper benchmarking. The key to our success in gathering and using information more effectively will be the widespread publication of the outcome of the Welsh Risk Pool accreditation and management standards. We will be able to compare them in part with the controls assurance standards in England, which have also just been published for the first time.

rhywun yn gwybod beth sydd yn mynd ymlaen mewn gwirionedd. Yr ydym yn cydweithredu â Lloegr ar y mecanweithiau adrodd digwyddiadau clinigol adfydus am ei bod yn wirioneddol bwysig cael arolwg ar dueddiadau ledled y Deyrnas Unedig. Mae gwir angen inni gyrraedd sefyllfa sydd yn sicrhau bod gennym feincnodi priodol. Yr allwedd i'n llwyddiant wrth gasglu a defnyddio gwybodaeth yn fwy effeithiol fydd cyhoeddi canlyniad safonau achredu a rheoli Cronfa Risg Cymru'n eang. Byddwn yn gallu eu cymharu'n rhannol â'r safonau sicrwydd rheolaethau yn Lloegr, sydd newydd eu cyhoeddi am y tro cyntaf hefyd.

[37] **Janet Davies:** Hindsight is a wonderful thing.

[37] **Janet Davies:** Mae ôl-ddoethineb yn beth rhyfeddol.

Mrs Lloyd: It is.

Mrs Lloyd: Ydyw.

[38] **Janet Davies:** How long has it been since people realised that the information was lacking? In Tuesday's Plenary debate on the NHS human resources strategy, I noticed that there was a problem with lack of information on a much broader level than on clinical negligence, though that is the issue we are addressing at the moment.

[38] **Janet Davies:** Ers pa bryd y mae pobl yn sylweddoli bod yr wybodaeth yn brin? Yn y ddadl yn y Cyfarfod Llawn ddydd Mawrth ar strategaeth adnoddau dynol yr NHS, sylwais fod problem ynghylch diffyg gwybodaeth ar lefel ehangach o lawer nag ar esgeulustod clinigol, er mai hynny yw'r mater yr ydym yn ymdrin ag ef ar y funud.

Mrs Lloyd: That is difficult for me to answer, but the problem is not unique to Wales. I think that the problems have been highlighted very much since the publication in 1998 of 'Putting Patients First'. Since then, there has been an increasing emphasis on the requirement for us to benchmark our services against best practice. In doing that, we have discovered where the holes in the information were. Some of those have been put right, but we have some way to go. I hope that my performance management framework will institute a much better gathering, use and publication of information throughout the country.

Mrs Lloyd: Mae'n anodd imi ateb hynny, ond nid yw'r broblem yn unigryw i Gymru. Credaf fod y problemau wedi derbyn llawer o sylw ers cyhoeddi 'Rhoi Cleifion yn Gyntaf' yn 1998. Ers hynny, bu pwyslais cynyddol ar y gofyniad inni feincnodi ein gwasanaethau yn ôl yr arfer gorau. Drwy wneud hynny, darganfuasom ym mhle'r oedd y bylchau yn yr wybodaeth. Cywirwyd rhai o'r rheini, ond mae peth gwaith i'w wneud o hyd. Gobeithiaf y bydd fy fframwaith rheoli perfformiad yn rhoi cychwyn i lawer gwell casglu, defnyddio a chyhoeddi gwybodaeth ledled y wlad.

[39] **Janet Davies:** You are saying, therefore, that although you are taking some steps, there are still some gaps in information. Have you any particular ideas on how to try to fill those gaps?

[39] **Janet Davies:** Yr ydych yn dweud, felly, er eich bod yn cymryd rhai camau, fod rhai bylchau yn yr wybodaeth o hyd. A oes gennych unrhyw syniadau penodol am y modd i geisio llenwi'r bylchau hynny?

Mrs Lloyd: In terms of medical negligence, our key must come from the outcome of the Welsh Risk Pool standards accreditation. You can see on the helpful chart provided in this paper where many trusts have a lower score, such as 43 per cent in medical records, whereas compliance with the complaints procedure is about 80 to 90 per cent. It is in those areas that we need to start working with the trusts, through the Welsh Risk Pool and its assessors and trainers, to improve our information

Mrs Lloyd: O ran esgeulustod meddygol, rhaid i'n hallwedd ddod o ganlyniad achrediad safonau Cronfa Risg Cymru. Gallwch weld yn y siart ddefnyddiol a ddarperir yn y papur hwn lle y mae gan lawer o ymddiriedolaethau sgôr is, fel 43 y cant ar gyfer cofnodion meddygol, fod y cydymffurfiad â'r weithdrefn cwynion, er hynny, tua 80 i 90 y cant. Y meysydd hynny yw'r rhai y mae angen inni ddechrau gweithio ynddynt gyda'r ymddiriedolaethau, drwy Gronfa Risg Cymru a'i

systems. I think that the losses and special payments register will help. That will be a useful tool for us all to gather centrally information against which trusts can benchmark their own performance. There have been problems in terms of confidentiality of clinical information, but we believe that we have ways in which those problems and rightful concerns can be overcome. I will be asking the Welsh Risk Pool to advise me on the methodologies that it would wish to use with trusts to improve the information where it has seen serious gaps.

haseswyr a'i hyfforddwyr, i wella ein systemau gwybodaeth. Credaf y bydd y gofrestr colledion a thaliadau arbennig o gymorth. Bydd honno'n arf defnyddiol i bawb ohonom i gasglu gwybodaeth yn ganolog y gall yr ymddiriedolaethau feincnodi eu perfformiad eu hunain yn ei herbyn. Bu problemau o ran cyfrinachedd gwybodaeth glinigol, ond credwn ein bod yn meddu ar y dulliau i oresgyn y problemau a'r pryderon priodol hynny. Byddaf yn gofyn i Gronfa Risg Cymru roi gwybod i mi am y methodolegau y dymunai eu defnyddio gyda'r ymddiriedolaethau i wella'r wybodaeth lle y canfu fylchau difrifol.

[40] **Dafydd Wigley:** Yr oeddech yn cyfeirio eiliad yn ôl at LaSPaR, sef, os yr wyf yn cofio'n iawn, *the losses and special payments register*—nid wyf yn siwr a wyf yn defnyddio'r terminoleg iawn. Pryd yr ydych yn meddwl y bydd y gronfa ddata hon yn llwyr weithredol?

[40] **Dafydd Wigley:** You referred a moment ago to LaSPaR, namely, if I remember correctly, the losses and special payments register—I am not sure if I have the right terminology. When do you think this database will be fully operational?

Mrs Lloyd: As you know, we started our pilot scheme in January 2000 and I think we were slightly ambitious in terms of getting it fully up to date. It is scheduled to be fully implemented this year, but we must ensure that trusts are willing and able to use that system and persuade them to do so. Sarah Beaver and her team are currently assessing the availability of the information database and the trusts' ability to use that database. We should have a result from LaSPaR at the end of this financial year.

Mrs Lloyd: Fel y gwyddoch, cychwynasom ein cynllun peilot yn Ionawr 2000 a chredaf inni fod braidd yn uchelgeisiol o ran ei gael yn gwbl gyfoes. Fe'i hamserlennwyd i'w roi ar waith yn llawn eleni, ond rhaid inni sicrhau bod yr ymddiriedolaethau'n barod ac yn gallu defnyddio'r system honno a'u darbwyllo i wneud hynny. Ar hyn o bryd mae Sarah Beaver a'i thîm yn asesu argaeledd y gronfa ddata o wybodaeth a gallu'r ymddiriedolaethau i ddefnyddio'r gronfa ddata honno. Dylem gael canlyniad o'r gofrestr colledion a thaliadau arbennig ddiwedd y flwyddyn ariannol hon.

[41] **Dafydd Wigley:** Dywedwch y byddai'r ymddiriedolaethau yn fodlon defnyddio'r system. Credaf mai '*willing*' oedd y gair a ddefnyddioch. A oes arwyddion, felly, fod anfodlonrwydd i ddefnyddio'r wybodaeth hon?

[41] **Dafydd Wigley:** You say that the trusts would be willing to use the system. I think that 'willing' was the word you used. Are there signs, therefore, that there is an unwillingness to use this information?

Mrs Lloyd: Certain trusts have been very concerned about patient confidentiality. We are now in a position to reassure them about that. That is the major concern that they have been expressing. All trusts like to know how they are performing against others. This will be a really good tool to enable them to assess themselves against others, along with the outcomes of the risk pool standards.

Mrs Lloyd: Bu rhai ymddiriedolaethau'n brydrus iawn ynghylch cyfrinachedd cleifion. Yr ydym bellach mewn sefyllfa i roi sicrwydd iddynt ynghylch hynny. Dyna'r prif bryder a fynegasant. Mae'r holl ymddiriedolaethau'n hoffi gwybod sut y maent yn perfformio ochr yn ochr ag eraill. Bydd hwn yn arf gwirioneddol dda i'w galluogi i'w hasesu eu hunain mewn perthynas ag eraill, ynghyd â chanlyniadau'r safonau cronfa risg.

[42] **Dafydd Wigley:** More league tables.

[42] **Dafydd Wigley:** Rhagor o dablau cynghrair.

Mrs Lloyd: It is not a league table.

Mrs Lloyd: Nid tabl cynghrair ydyw.

[43] **Dafydd Wigley:** Trof yn awr at Mr Kershaw. Sylwaf fod Cronfa Risg Cymru yn bwriadu dadansoddi hawliadau yn fanylach. Fodd bynnag,

[43] **Dafydd Wigley:** I now turn to Mr Kershaw. I notice that the Welsh Risk Pool intends to analyse claims in greater detail. However, the report notes

noda'r adroddiad nad yw 20 hawliad y flwyddyn ond yn gyfran fechan o'r achosion sydd eisoes yn y system. A yw sampl mor fach â hyn yn ddigonol fel sail i ddadansoddiad ystadegol?

that 20 claims a year is only a small proportion of the cases already in the system. Is such a small sample a sufficient basis for statistical analysis?

Mr Kershaw: The sample of 20 claims starts this year. It is the first time that an attempt has been made in Wales to look at how we manage claims right from the origin—the risk management, if you like—when the claim was registered, how it was managed in the trust, what legal advice was given and what was the actual out-turn of that, in other words, what compensation was paid. The Welsh Risk Pool has never been funded previously to be able to do that. I am pleased to say that, this year, we have taken on an additional member of staff with the primary function of looking at the analysis of 20 cases. I think it would be fair to say that we need to evaluate how successful that is over the next year. If it looks like we should examine a higher number of cases, I think that we should do that next year. We are picking the 20 cases so that there is at least one from each trust, and cases from orthopaedics, obstetrics or whatever, so that we get a quite rounded look at it. We will learn from what we do this year and move it on next year if necessary.

Mr Kershaw: Mae'r sampl o 20 o hawliadau'n dechrau eleni. Dyma'r tro cyntaf y gwnaethpwyd ymgais yng Nghymru i edrych ar y modd yr ydym yn rheoli hawliadau o'u dechreuad—y rheolaeth risg, os y mynnwch—pan gofrestrwyd yr hawliad, sut y'i rheolwyd yn yr ymddiriedolaeth, pa gyngor cyfreithiol a roddwyd a beth oedd gwir alldro hynny, mewn geiriau eraill, pa iawndal a dalwyd. Nid yw Cronfa Risg Cymru erioed wedi'i hariannu o'r blaen fel y gallai wneud hynny. Yr wyf yn falch o ddweud ein bod wedi cyflogi aelod o staff ychwanegol eleni sydd â'r brif swyddogaeth o edrych ar y dadansoddiad o 20 o achosion. Credaf y byddai'n deg dweud bod angen inni werthuso pa mor llwyddiannus y bydd hynny dros y flwyddyn nesaf. Os ymddengys y dylem archwilio nifer uwch o achosion, credaf y dylem wneud hynny y flwyddyn nesaf. Yr ydym yn dethol yr 20 o achosion fel bod un o leiaf o bob ymddiriedolaeth, ac achosion o orthopedeg, obstetreg neu beth bynnag, fel y gallwn gymryd golwg gweddol gynhwysfawr. Byddwn yn dysgu o'r hyn a wnawn eleni ac yn ei symud ymlaen y flwyddyn nesaf os bydd angen.

[44] **Dafydd Wigley:** Sut y byddwch yn defnyddio canlyniadau Cronfa Risg Cymru, yn arbennig o ran ymddiriedolaethau'r NHS?

[44] **Dafydd Wigley:** How will you use the Welsh Risk Pool results, specifically in terms of the NHS trusts?

Mr Kershaw: If the question is about how we would use the results from the 20 cases, one of the important things that we have to do is to learn from the things that we do not get right. It has already been mentioned that there is a Risk Managers Network, and I think that it is quite clear that it should manage those cases and pass the information on to others. We have also set up a website for Welsh Health Legal Services, and we are increasingly going to use that to advise trusts about particular changes in law or particular incidents that they should know about. We will get better information from the analysis of those 20 cases to educate and inform other trusts.

Mr Kershaw: Os yw'r cwestiwn yn ymwneud â sut y defnyddiem y canlyniadau o'r 20 achos, un o'r pethau pwysig y mae'n rhaid inni ei wneud yw dysgu o'r pethau nad ydym yn eu cael yn iawn. Soniwyd eisoes fod Rhwydwaith Rheolwyr Risg, a chredaf ei bod yn eithaf amlwg y dylai reoli'r achosion hynny a throsglwyddo'r wybodaeth i eraill. Yr ydym hefyd wedi sefydlu gwefan ar gyfer Gwasanaethau Cyfreithiol Iechyd Cymru, a byddwn yn defnyddio honno fwyfwy i roi gwybod i'r ymddiriedolaethau am newidiadau penodol yn y gyfraith neu ddigwyddiadau penodol y dylent wybod amdanynt. Cawn well gwybodaeth drwy ddadansoddi'r 20 achos hynny er mwyn addysgu a goleuo ymddiriedolaethau eraill.

[45] **Dafydd Wigley:** Mae'r ymddiriedolaethau, hyd y gwyddoch, yn fodlon ac yn awyddus i gydweithio â chi yn y defnydd hwn o'r wybodaeth?

[45] **Dafydd Wigley:** The trusts, as far as you know, are willing and keen to co-operate with you in this use of the information?

Mr Kershaw: Absolutely. There is no doubt, certainly in my conversations with all trusts, that risk management and reducing claims for clinical

Mr Kershaw: Ydynt, yn ddi-os. Nid oes amheuaeth, yn sicr yn fy sgyrsiau â'r holl ymddiriedolaethau, fod rheoli risg a lleihau nifer yr

negligence is extremely high on their agenda. I do not have any doubt that people wish to learn lessons from things going wrong. I absolutely believe that there is a change in culture within the clinical fraternity as well to do that. There is a sea change in understanding that we must improve by learning from what does not quite go right. I am quite confident that we will be able to do so.

hawliadau am esgeulustod clinigol yn uchel dros ben ar eu hagenda. Nid wyf yn amau o gwbl bod pobl yn dymuno dysgu gwersi o'r pethau sydd yn mynd o'i le. Llwyr gredaf fod newid mewn diwylliant ymysg y frawdoliaeth glinigol hefyd i wneud hynny. Mae gweddnewidiad o ran deall bod rhaid inni wella drwy ddysgu o'r hyn nad yw'n llwyddo cystal. Yr wyf yn eithaf ffyddiog y byddwn yn gallu gwneud hynny.

[46] **Dafydd Wigley:** Deallaf, o'r ateb hwnnw, y byddwch yn edrych hefyd ar ba wersi a ddaw o'r 20 achos hyn, o ran sut y mae Cronfa Risg Cymru ei hun yn gweithio.

[46] **Dafydd Wigley:** I take it, from that answer, that you will also look at what lessons can be learnt from these 20 cases, in terms of how the Welsh Risk Pool itself works.

Mr Kershaw: Absolutely. There is never an assumption that we do everything perfectly in terms of how the claim is managed by the pool. We are, actually, only a reimbursement organisation. The two functions of the pool are to reimburse and to advise on risk management. The decision about whether a claim is justified or not rests with the individual trust. However, I feel quite confident that the pool will become more influential on how claims are managed in their totality. I think that it has an important function in that.

Mr Kershaw: Byddwn, yn ddi-os. Nid oes byth ragdybiaeth ein bod yn gwneud popeth yn berffaith o ran y modd y rheolir yr hawliad gan y gronfa. Mewn gwirionedd, nid ydym yn fwy na chorff ad-dalu. Dwy swyddogaeth y gronfa yw ad-dalu a chynghori ar reoli risg. Lle'r ymddiriedolaeth unigol yw penderfynu a yw hawliad yn gyfiawn ai peidio. Fodd bynnag, teimlaf yn eithaf ffyddiog y daw'r gronfa'n fwy dylanwadol ynghylch y modd y rheolir hawliadau yn eu cyfanrwydd. Credaf fod iddi swyddogaeth bwysig yn hynny o beth.

[47] **Dafydd Wigley:** Yr wyf am drafod baich y gwaith. Mae'n amlwg ei fod yn cynyddu yn y maes hwn. Mae nifer yr achosion sydd yn dal ar agor yn cynyddu yn y rhan fwyaf o ymddiriedolaethau. Dim ond pedair o'r 15 sydd wedi llwyddo i leihau nifer yr achosion y maent wedi gorfod ymdrin â hwy yn 1999-2000. Pa gamau sydd yn cael eu cymryd yn yr 11 ymddiriedolaeth arall i glirio'r llwyth wrth gefn o achosion sydd yn dal ar agor?

[47] **Dafydd Wigley:** I want to discuss the workload. It is obviously increasing in this area. The number of cases that are still open are increasing in the majority of trusts. Only four of the 15 have succeeded in reducing the number of cases with which they have had to deal in 1999-2000. What measures are being taken in the 11 other trusts to clear the backlog of cases that are still open?

Mr Kershaw: This is really about trusts being very proactive in clearing out some of those cases, which are not necessarily cases where damages are paid. It is about clearing out those cases where, how can I put it, the claim is really not justified. That is a discipline that we need to push on trusts to make sure that, where there is no further action on a claim, something is done to close it. Some of the Welsh trusts have been more aggressive in that approach than others.

Mr Kershaw: Mae hyn yn ymwneud mewn gwirionedd â gweithredu rhagweithiol iawn gan ymddiriedolaethau wrth glirio rhai o'r achosion hynny, nad ydynt o reidrwydd yn achosion lle y telir iawndal. Mae'n ymwneud â chlirio'r achosion hynny, sut y gallaf ddweud, lle nad yw'r hawliad yn un cyfiawn mewn gwirionedd. Mae honno'n ddisgyblaeth y mae angen inni ei chymell ar ymddiriedolaethau i sicrhau, lle nad oes gweithredu pellach ar hawliad, y gwneir rhywbeth i'w gau. Bu rhai o ymddiriedolaethau Cymru'n fwy ymosodol yn y dull gweithredu hwnnw nag eraill.

[48] **Dafydd Wigley:** A fyddech yn dweud mai dyna pam mae pedair ohonynt â ffigurau mwy llwyddiannus na'r 11 arall: hynny yw, eu bod yn cau achosion na ddylent ddod ymlaen? Mae'n amlwg bod hynny o fantais i bawb: os ydych yn gwastraffu llai o amser ar yr achosion hynny, yr

[48] **Dafydd Wigley:** Would you say that that is why four of them have more successful figures than the other 11: that is, that they close cases that should not be continued? It is obvious that that is advantageous to everyone: if you waste less time on those cases, you can concentrate on

ydych yn gallu canolbwyntio ar yr achosion sydd yn haeddu amser. A deimlwch fod digon o waith yn cael ei wneud yn yr 11 ymddiriedolaeth arall i gau'r achosion hynny? Beth y gallwch ei wneud i symud hyn ymlaen?

the cases that deserve to have time spent on them. Do you feel that enough work is being done in the other 11 trusts to close down those cases? What can you do to take this forward?

Mr Kershaw: I am not sure. Obviously, trusts may have different approaches about how aggressively they close down cases, but your point is interesting. Perhaps, through the Welsh Risk Pool, we can pass the message on to trusts that we need to be a little more demanding in that area.

Mr Kershaw: Nid wyf yn siwr. Mae'n amlwg y gallai'r ymddiriedolaethau fod â gwahanol ddulliau gweithredu ynghylch pa mor ymosodol ydynt wrth gau achosion, ond mae'ch pwynt yn ddiddorol. Efallai, drwy Gronfa Risg Cymru, y gallwn gyfleu'r neges i'r ymddiriedolaethau bod angen inni fod ychydig yn fwy awdurdodol yn y maes hwnnw.

[49] **Dafydd Wigley:** Diolch yn fawr.

[49] **Dafydd Wigley:** Thank you very much.

[50] **Janet Davies:** You are saying that you are confident now that the trusts are moving towards better practice. It is certainly apparent that, at the centre—in the Assembly, at the Welsh Health Legal Services, and the Welsh Risk Pool level—there is an understanding of the issues and that you are trying to grapple with this problem. However, I know that any report that we get is always, to a certain extent, beginning to be out of date by the time that we consider it and that things may move forward quite rapidly on the ground. However, I am still concerned that the national health service trusts do not have the expertise or the systems at the moment to carry through these good intentions. Could you give us any further assurance on whether they have the will and the ability to do what is needed and a real understanding of the problem?

[50] **Janet Davies:** Yr ydych yn dweud eich bod yn ffyddiog yn awr fod yr ymddiriedolaethau'n symud tuag at arfer gwell. Mae'n sicr yn amlwg, yn y canol—yn y Cynulliad, yng Ngwasanaethau Cyfreithiol Iechyd Cymru, ac ar lefel Cronfa Risg Cymru—fod dealltwriaeth o'r materion a'ch bod yn ceisio mynd i'r afael â'r broblem hon. Fodd bynnag, gwn fod unrhyw adroddiad a dderbyniwn bob tro'n dechrau dyddio, i ryw raddau, erbyn yr adeg pan ydym yn ei ystyried ac y gallai pethau symud ymlaen yn eithaf cyflym ar lawr gwlad. Fodd bynnag, yr wyf yn bryderus o hyd nad yw ymddiriedolaethau'r gwasanaeth iechyd gwladol yn meddu ar yr arbenigedd na'r systemau ar hyn o bryd i gyflawni'r bwriadau da hyn. A allech roi unrhyw sicrwydd pellach i ni ynghylch a oes ganddynt yr ewyllys a'r gallu i wneud yr hyn sydd ei angen a dealltwriaeth wirioneddol o'r broblem?

Mrs Lloyd: The best evidence that I will be able to give the Assembly is when the clinical governance review is completed and reports back to me. It has looked very seriously at the state of the management of clinical governance in each trust in Wales. It is about management of claims and complaints because the two are inextricably linked. As a consequence of the review undertaken by my quality division, I will discuss—as part of my reviews of the management of the NHS trusts and health authorities—the processes, numbers of staff and training that they will put into place to manage this very important interface with the public in a better way, given the lessons that we will have been able to provide to them.

Mrs Lloyd: Y dystiolaeth orau y byddaf yn gallu ei rhoi i'r Cynulliad yw honno a fydd gennyf ar ôl i'r adolygiad llywodraethu clinigol ddod i ben ac adrodd yn ôl i mi. Mae wedi edrych o ddifrif ar gyflwr rheolaeth llywodraethu clinigol ym mhob ymddiriedolaeth yng Nghymru. Mae'n ymwneud â rheoli hawliadau a chwynion oherwydd mae cyswllt anorfod rhwng y ddau. O ganlyniad i'r adolygiad yr ymgymerwyd ag ef gan fy adran ansawdd, byddaf yn trafod—fel rhan o'm hadolygiadau o reolaeth ymddiriedolaethau'r NHS a'r awdurdodau iechyd—y prosesau, y niferoedd staff a'r hyfforddiant y byddant yn eu sefydlu i reoli'n well y rhyngwyneb pwysig iawn hwn â'r cyhoedd, ar sail y gwersi y byddwn wedi gallu eu darparu iddynt.

[51] **Janet Davies:** I will ask one fairly technical question; I do not know who is best placed to answer it. I understand that IT systems are being introduced far more widely in the national health service at the moment but that there is some

[51] **Janet Davies:** Gofynnaf un cwestiwn eithaf technegol; ni wn pwy sydd yn y sefyllfa orau i'w ateb. Deallaf fod systemau TG yn cael eu cyflwyno'n llawer mwy eang yn y gwasanaeth iechyd gwladol ar y funud ond bod peth pryder

concern about software compatibility, and about how the new programmes will link into paper records. Obviously we do not want to see things dropping through the middle.

ynghylch cydweddoldeb meddalwedd, ac ynghylch y modd y bydd y rhaglenni newydd yn cysylltu â chofnodion papur. Mae'n amlwg nad ydym yn dymuno gweld pethau'n disgyn drwy'r canol.

Mrs Lloyd: I would agree with that. There is a review going on of information technology and its management within the Assembly. I will have to submit a note on the date by which I expect that to be completed. However, you are absolutely right that there are many places now that are moving towards electronic patient records. We must ensure that those records can be appropriately shared throughout a community and that the information gathered does not conflict with any other information system that we use to gather either financial or management information. I would include this area in management information. Therefore, if I may provide you with a more detailed note on the intentions of the review and when we expect it to be completed, I hope that you would find that helpful.

Mrs Lloyd: Byddwn yn cytuno â hynny. Mae adolygiad yn mynd ymlaen o dechnoleg gwybodaeth a'r dull o'i rheoli oddi mewn i'r Cynulliad. Bydd yn rhaid imi gyflwyno nodyn ar y dyddiad pan ddisgwyliaf i hynny gael ei gwblhau. Fodd bynnag, yr ydych yn llygad eich lle wrth ddweud bod llawer o leoedd yn awr sydd yn symud tuag at gofnodion cleifion electronig. Rhaid inni sicrhau y gellir rhannu'r cofnodion hynny'n briodol drwy gymuned ac nad yw'r wybodaeth a gesglir yn mynd yn groes i unrhyw system wybodaeth arall a ddefnyddiwn i gasglu naill ai gwybodaeth ariannol neu wybodaeth rheoli. Byddwn yn cynnwys y maes hwn mewn gwybodaeth rheoli. Felly, os caf roi nodyn manylach i chi ar fwriadau'r adolygiad a pha bryd y disgwyliwn iddo gael ei gwblhau, gobeithiaf y byddech yn ei gael yn ddefnyddiol.

[52] **Janet Davies:** I presume that you have a dedicated section concentrating on it?

[52] **Janet Davies:** Cymeraf fod gennych is-adran benodol sydd yn canolbwyntio arno?

Mrs Lloyd: Yes, I do. I have not met them yet.

Mrs Lloyd: Oes, mae gennyf. Nid wyf wedi'u cyfarfod eto.

[53] **Janet Davies:** You can foresee an absolute nightmare situation if things went wrong?

[53] **Janet Davies:** Gallwch ragweld sefyllfa gwbl hunllefus os âi pethau o'i le?

Mrs Lloyd: Absolutely.

Mrs Lloyd: Yn sicr.

[54] **Janet Davies:** We will now move on to the last part of this evidence session, which is concerned with reducing the incidence of clinical negligence. I will again begin asking the questions.

[54] **Janet Davies:** Awn ymlaen yn awr at ran olaf y sesiwn tystiolaeth hwn, sydd yn ymwneud â lleihau mynychder esgeulustod clinigol. Dechreuaf fi ofyn y cwestiynau unwaith eto.

There are substantial inroads being made to reduce the burden of clinical negligence. However, it is clear that the trusts need to reduce the likelihood of negligence incidents arising in the first place. It is better to stop them happening than learn how to handle them well: to be one step ahead. The Welsh risk management standards are an important plank in bringing this about. It seems disappointing that only five of the 15 trusts have achieved the benchmark of 75 per cent compliance with the standards last year. Have you any ideas on bringing the other 10 trusts up to the required standard?

Gwneir cynnydd sylweddol wrth leihau baich esgeulustod clinigol. Fodd bynnag, mae'n amlwg bod angen i'r ymddiriedolaethau leihau'r tebygolrwydd i ddigwyddiadau o esgeulustod godi yn y lle cyntaf. Gwell eu hatal rhag digwydd na dysgu sut i'w trafod yn dda: bod un cam ar y blaen. Mae safonau rheoli risg Cymru'n elfen bwysig wrth wireddu hyn. Ymddengys yn siomedig mai dim ond pump o'r 15 o ymddiriedolaethau a gyrhaeddodd y feincnod o 75 y cant o gydymffurfiad â'r safonau y llynedd. A oes gennych unrhyw syniadau ynghylch codi'r 10 ymddiriedolaeth arall at y safon ofynnol?

Mrs Lloyd: These standards are not easy to meet. They would be no use at all if they were easy to meet because then we would get a false picture of

Mrs Lloyd: Nid yw'r safonau hyn yn rhai hawdd eu cyrraedd. Ni fyddent o ddefnydd o gwbl pe byddent yn hawdd eu cyrraedd oherwydd wedyn

the state of readiness and standards within the NHS. As a consequence of the risk assessment and as part of the performance management system, we will go through the action plans that trusts have to improve their compliance with the standards in time for the next round of assessment, which will take place in a year's time. We would expect to see an improvement.

caem ddarlun ffug o'r parodrwydd a'r safonau oddi mewn i'r NHS. O ganlyniad i'r asesiad risg ac fel rhan o'r system rheoli perfformiad, byddwn yn mynd drwy'r cynlluniau gweithredu sydd gan yr ymddiriedolaethau er mwyn cydymffurfio'n well â'r safonau mewn pryd ar gyfer y cylch asesu nesaf, a fydd yn digwydd ymhen blwyddyn. Disgwyliem weld gwelliant.

[55] **Janet Davies:** Do you think that the standard of 75 per cent compliance is set high enough?

[55] **Janet Davies:** A ydych o'r farn fod y safon o 75 y cant o gydymffurfiad wedi'i gosod yn ddigon uchel?

Mrs Lloyd: I think that that standard was set because we felt that it was achievable by some, not all. We wanted people to take this as a really serious exercise. Sometimes, if you set percentage standards too high, people almost give up before they start. We believe that this is a reasonable standard as a first step. We want all trusts in Wales to comply with this standard and we would expect those that have a good history of performance, which have not probably had quite as much disruption as others, to be able to exceed that standard. It is an ever-moving sliding scale. We expect the standards to become more purposeful and to improve how we collect the evidence to match the standards that must improve. We would expect a year-on-year improvement for individual trusts and for the corporate NHS throughout Wales and for the standards to increase and compliance with them to improve.

Mrs Lloyd: Credaf fod y safon wedi'i gosod am ein bod yn teimlo y gallai rhai ei chyrraedd, ac nid pawb. Yr oeddem yn dymuno i bobl dderbyn hwn fel ymarfer gwirioneddol o ddifrif. Weithiau, os gosodwch safonau canran yn rhy uchel, mae pobl bron â rhoi'r gorau iddi cyn iddynt ddechrau. Credwn fod hon yn safon resymol fel cam cyntaf. Dymunwn i'r holl ymddiriedolaethau yng Nghymru gydymffurfio â'r safon hon a byddem yn disgwyl i'r rhai sydd â hanes perfformiad da, nad amharwyd gymaint arnynt ag eraill yn ôl pob tebyg, allu rhagori ar y safon honno. Mae'n raddfa symudol sydd yn newid o hyd. Disgwyliwn i'r safonau ddod yn fwy bwriadol a gwella ein dull o gasglu'r dystiolaeth er mwyn cyfateb i'r safonau y mae'n rhaid iddynt wella. Disgwyliem welliant yn yr ymddiriedolaethau unigol a'r NHS corfforaethol ledled Cymru flwyddyn ar ôl blwyddyn, ac i'r safonau godi ac i'r cydymffurfiad â hwy wella.

[56] **Janet Davies:** So, we are looking at another process not an event?

[56] **Janet Davies:** Felly, yr ydym yn edrych ar broses arall ac nid digwyddiad?

Mrs Lloyd: Yes, absolutely. The trouble with standards is that we must ensure that we never get into the habit of thinking 'this comes around once a year, what can we do to get all the evidence together, we have a month to do it' and 'thank goodness we have got that over for another year'. As part of the performance management programme and process that I will institute in the next financial year, there will be an ongoing dialogue with trusts about these really important issues for patients and for the staff themselves to ensure that there is a constant spotlight placed on the standard of care that we provide to patients and their relatives.

Mrs Lloyd: Ydym, yn hollol. Y drafferth gyda safonau yw bod yn rhaid inni sicrhau na fyddwn byth yn mynd i'r arfer o feddwl 'daw hyn unwaith y flwyddyn, beth y gallwn ei wneud i gasglu'r holl dystiolaeth, mae gennym fis i wneud hynny' a 'diolch byth fod hynny drosodd am flwyddyn arall'. Fel rhan o'r rhaglen a phroses rheoli perfformiad a sefydlaf yn y flwyddyn ariannol nesaf, bydd deialog barhaus â'r ymddiriedolaethau am y materion gwirioneddol bwysig hyn i gleifion ac i'r staff eu hunain i sicrhau bod pwyslais cyson ar safon y gofal a roddwn i gleifion a'u perthnasau.

[57] **Janet Davies:** I will refer to three risk management standards. The Auditor General mentions that where overall compliance across Wales with the risk management standards was lowest—on the supervision of junior staff, communications between doctor and patients, and

[57] **Janet Davies:** Cyfeiriaf at dair safon rheoli risg. Dywed yr Archwilydd Cyffredinol, lle yr oedd y cydymffurfiad cyffredinol â'r safonau rheoli risg ar ei isaf ledled Cymru—ar oruchwylio staff iau, cyfathrebu rhwng y meddyg a'r cleifion, a chofnodion cleifion—eu bod yn cyfateb i'r

patient records—these correspond to the non-clinical errors that were found to be the prime reason behind quite a large proportion of negligence claims. Do you agree that this should give the national health service added reason to tackle these issues as a matter of urgency?

camgymeriadau anghlinigol y cafwyd eu bod yn brif reswm y tu ôl i gyfran eithaf mawr o'r hawliadau esgeulustod. A gytunwch y dylai hynny roi rheswm ychwanegol i'r gwasanaeth iechyd gwladol fynd i'r afael â'r materion hyn fel mater brys?

Mrs Lloyd: Indeed I do. Although they are technically non-clinical standards, they are very much wrapped up in the way in which clinical teams operate. Clinical staff have a duty of supervision of junior medical staff. I think that it can be seen that much of the General Medical Council's guidance to its clinical teams now has a very heavy emphasis on supervision, particularly of junior medical staff. That is why the contracts for junior medical staff have changed. The contract that is signed with a postgraduate dean for the training of junior staff has also changed to ensure that supervision, teaching and training of junior staff is fundamental to why they are with us in the first place. That will also be the case with the training of nurses and staff in professions allied to medicine.

Mrs Lloyd: Cytunaf, yn wir. Er mai safonau anghlinigol ydynt yn dechnegol, maent ynghlwm i raddau helaeth wrth ddull y timau clinigol o weithredu. Mae dyletswydd ar staff clinigol i oruchwylio staff meddygol iau. Credaf y gellir gweld bod gan lawer o arweiniad y Cyngor Meddygol Cyffredinol i'w dimau clinigol bwyslais cryf iawn yn awr ar oruchwylio, yn enwedig mewn perthynas â staff meddygol iau. Dyna pam y mae'r contractau i staff meddygol iau wedi newid. Mae'r contract a arwyddir â deon ôl-raddedigion ar gyfer hyfforddi staff iau wedi newid hefyd i sicrhau bod goruchwylio, dysgu a hyfforddi staff iau yn rhan sylfaenol o'r rheswm y maent gyda ni yn y lle cyntaf. Bydd hynny'n wir hefyd am hyfforddi nyrsys a staff mewn proffesiynau sydd yn gysylltiedig â meddygaeth.

I have already mentioned that communication between patient and doctor is of critical importance. Some really good work to improve that is going on throughout Wales. However, we need to bring everyone up to the same standard. We must be able to communicate in a way that can be received and responded to by the patient.

Yr wyf wedi sôn eisoes fod cyfathrebu rhwng y claf a'r meddyg yn holl bwysig. Mae gwaith gwirioneddol dda i wella hynny'n mynd ymlaen ledled Cymru. Fodd bynnag, mae angen inni godi pawb i'r un safon. Rhaid inni allu cyfathrebu mewn modd y gall y claf ei dderbyn ac ymateb iddo.

Patients' records are kept in variable forms in variable places. The patient's record is not seamless. That is why there is a section in the new plan for the NHS in Wales about improving access to records, improving electronic records and coming up with one record per patient for the future, rather than having a variety of records relating to the same patient scattered around the country, both in primary and secondary care. We need a comprehensive system. We will be working through the new plan to ensure that the standard of patient records is improved and that we have comprehensive patient records in the future. In the meantime, completing patients' records must be given priority.

Cedwir cofnodion cleifion ar wahanol ffurfiau mewn gwahanol leoedd. Nid yw cofnod y claf yn ddiasiad. Dyna pam y mae adran yn y cynllun newydd ar gyfer yr NHS yng Nghymru am wella mynediad at gofnodion, gwella cofnodion electronig a chreu un cofnod am bob claf ar gyfer y dyfodol, yn hytrach na chael amryw o gofnodion yn ymwneud â'r un claf ar wasgar o amgylch y wlad, mewn gofal sylfaenol a gofal eilaidd. Mae arnom angen system gynhwysfawr. Byddwn yn gweithio drwy'r cynllun newydd i sicrhau gwelliant yn safon cofnodion cleifion a bod gennym gofnodion cleifion cynhwysfawr yn y dyfodol. Yn y cyfamser, rhaid rhoi blaenoriaeth i gwblhau cofnodion cleifion.

[58] **Janet Davies:** Yes, there were some examples of where things had gone badly wrong in the report—I mean examples in the report, not the report itself going badly wrong. I would like to raise one point. It seems that we hear over and over again about how patients do not take in bad news when they are initially told about it. Is the need to give further opportunities and tell people the same thing several times perhaps being taken

[58] **Janet Davies:** Ie, yr oedd rhai enghreifftiau lle yr oedd pethau wedi mynd yn ddrwg o'i le yn yr adroddiad—enghreifftiau yn yr adroddiad, yr wyf yn ei feddwl, nid yr adroddiad ei hun yn mynd yn ddrwg o'i le. Hoffwn godi un pwynt. Ymddengys ein bod yn clywed drosodd a thro am y modd nad yw cleifion yn amgyffred newyddion drwg pan ddywedir wrthynt yn y lle cyntaf. A ddeellir yr angen i roi cyfleoedd pellach a dweud yr un peth

on board?

Mrs Lloyd: Yes, indeed. I think that the growth in the importance of the clinical team is allowing us to manage this particularly difficult aspect better. With the whole team involved in care, the whole team knows what the message will be. There are pilot schemes that have been most successful and have been rolled out throughout Wales in terms of how you ensure the patient is given a second opportunity to hear the message. The growth in the number of counsellors and specialist nurses has really improved the situation for patients. However, we must ensure that communication is consistent, and that everyone in Wales has access to a second chance to hear the message. I know that the trusts are working hard to ensure that they have back-up mechanisms. I think that all of us have had the experience, as patients as well as as staff, of not understanding the message because it is too complex and is something that you do not want to hear. In that case, you just grasp a bit of the message. We understand the problem. I know that an enormous amount of time and effort is being spent, particularly with the nursing staff, in ensuring that there is a back-up mechanism of which patients are aware and that 24-hour helplines and bereavement counsellors are in place to be able to deal with patients' inquiries.

[59] **Janet Davies:** Thank you. Karen, you wanted to ask a supplementary question on this.

[60] **Karen Sinclair:** Yes. Janet mentioned that this is a process, rather than an event. However, five hospitals have reached the benchmark, presumably. What goals will you be setting them? I have visions of those hospitals sitting there saying, 'We are up to our 75 per cent'. There must be a process for them as well.

Mrs Lloyd: Yes. Those hospitals will go through the same process. We would expect them to be making the same leaps forward as others that have not achieved the 75 per cent benchmark. There will be standards at which they are not quite so good and we will expect them to improve their markings against those. Of course, the better you get, the less you have to pay into the Welsh Risk Pool. Although that is a minute incentive, it is, nevertheless, a recognised incentive for them. However, it is a continuing process. We want to make progress every year and not just let people sit on their laurels. Most people who do well always want to improve anyway.

wrth bobl sawl gwaith efallai?

Mrs Lloyd: Deellir, yn wir. Credaf fod y cynnydd ym mhwysigrwydd y tîm clinigol yn caniatáu inni reoli'n well yr agwedd arbennig o anodd hon. A'r tîm cyfan yn gysylltiedig â gofal, mae'r tîm cyfan yn gwybod beth fydd y neges. Mae cynlluniau peilot a fu'n llwyddiannus dros ben ac a estynnwyd ledled Cymru o ran y modd yr ydych yn sicrhau y caiff y claf ail gyfle i glywed y neges. Mae'r cynnydd yn nifer y cynghorwyr a'r nyrsys arbenigol wedi gwella'r sefyllfa'n wirioneddol i gleifion. Fodd bynnag, rhaid inni sicrhau bod y cyfathrebu'n gyson, ac y caiff pawb yng Nghymru ail gyfle i glywed y neges. Gwn fod yr ymddiriedolaethau'n gweithio'n galed i sicrhau bod ganddynt fecanweithiau wrth gefn. Credaf fod pawb ohonom wedi cael y profiad, fel cleifion a hefyd fel staff, o beidio â deall y neges am ei bod yn rhy gymhleth ac yn rhywbeth na ddymunwch ei glywed. Yn yr achos hwnnw, nid ydych ond yn amgyffred rhan o'r neges. Deallwn y broblem. Gwn fod llawer iawn o amser ac ymdrech, yn enwedig gan y staff nyrsio, yn mynd at sicrhau bod mecanwaith wrth gefn y mae'r cleifion yn gwybod amdano a bod llinellau cymorth 24 awr a chynghorwyr galar ar waith i allu trafod ymholiadau'r cleifion.

[59] **Janet Davies:** Diolch. Karen, yr oeddech yn dymuno gofyn cwestiwn atodol ar hyn.

[60] **Karen Sinclair:** Oeddwn. Dywedodd Janet mai proses yw hon, yn hytrach na digwyddiad. Fodd bynnag, mae pum ysbyty wedi cyrraedd y feincnod, yn ôl pob tebyg. Pa nodau y byddwch yn eu gosod iddynt hwy? Gallaf weld yr ysbytai hynny'n eistedd yno gan ddweud, 'Yr ydym wedi cyrraedd y 75 y cant'. Rhaid cael proses ar eu cyfer hwy hefyd.

Mrs Lloyd: Yn wir. Bydd yr ysbytai hynny'n mynd drwy'r un broses. Disgwyliem iddynt gymryd yr un camau bras ymlaen ag eraill nad ydynt wedi cyrraedd y feincnod o 75 y cant. Bydd safonau nad ydynt lawn cystal ynddynt a byddwn yn disgwyl iddynt wella eu marciau yn erbyn y rheini. Wrth gwrs, po gorau y byddwch, lleiaf y byddwch yn gorfod ei dalu i Gronfa Risg Cymru. Er mai anogaeth fach iawn yw honno, mae'n anogaeth gydnabyddedig iddynt, er hynny. Fodd bynnag, mae'n broses barhaus. Dymunwn wneud cynnydd bob blwyddyn ac nid gadael i bobl orffwys ar eu bri yn unig. Mae'r rhan fwyaf o bobl sydd yn gwneud yn dda yn dymuno gwella, beth bynnag.

[61] **Karen Sinclair:** So it will be clear?

Mrs Lloyd: It will be very clear.

[62] **Alison Halford:** You can have a rest, Mrs Lloyd; Mr Kershaw is coming in to bat for a while. Mr Kershaw, you say that your outfit is a reimbursement one and gives advice on risk management. When you reimburse, do you ever use confidentiality clauses in the settlements?

Mr Kershaw: May I ask my colleague to reply? I am not aware that we use confidentiality clauses.

Ms Walcot: No. Confidentiality clauses are very hard to enforce and are not normally written into many of these settlements. I think that there have been some, but we are not able to enforce them anyway. Therefore, in general, they do not get written in to all settlements.

[63] **Alison Halford:** Does that cause any concern to patients or yourselves? Some of these settlements are pretty hefty, are they not?

Mr Kershaw: I am not aware that that issue has been raised.

[64] **Alison Halford:** I am just interested because other organisations use confidentiality clauses and Sir John Bourne has frowned on this practice, which can be used to cover up bad management practices and so on. It must be bourne in mind that you are quite big payers when it comes to compensation. I was just curious about making a comparison.

Mr Kershaw: I would be more that happy to go back and check that for you. I am not aware that it has been an issue.

[65] **Alison Halford:** Mr Biggs, you are nodding. Do you want to add something?

Mr Biggs: I do not think that I have anything to add.

[66] **Alison Halford:** Go on, speak to me. You are very quiet.

Mr Biggs: That is a very kind offer. I think that confidentiality clauses are more in the realm of the advice given by Welsh Health Legal Services, which gives advice to trusts, as opposed to the clear function of the pool. While I was nodding in terms of my past experience as a claims manager,

[61] **Karen Sinclair:** Bydd yn eglur, felly?

Mrs Lloyd: Bydd yn eglur iawn.

[62] **Alison Halford:** Cewch seibiant, Mrs Lloyd; mae Mr Kershaw yn dod i fatio am ychydig. Mr Kershaw, dywedwch fod eich cwmni yn un ar gyfer ad-dalu a'i fod yn rhoi cyngor ar reoli risg. Pan ad-dalwch, a ydych yn defnyddio cymalau cyfrinachedd yn y setliadau o gwbl?

Mr Kershaw: A gaf ofyn i'm cydweithiwr ateb? Nid wyf yn ymwybodol ein bod yn defnyddio cymalau cyfrinachedd.

Ms Walcot: Na fyddwn. Mae cymalau cyfrinachedd yn anodd iawn eu gorfodi ac ni chynhwysir hwy mewn llawer o'r setliadau hyn fel rheol. Credaf fod rhai wedi bod, ond ni allwn eu gorfodi, beth bynnag. Felly, yn gyffredinol, ni chynhwysir hwy yn yr holl setliadau.

[63] **Alison Halford:** A yw hynny'n peri pryder o gwbl i gleifion neu i chi eich hunain? Mae rhai o'r setliadau hyn yn eithaf sylweddol, onid ydynt?

Mr Kershaw: Nid wyf yn ymwybodol bod y mater hwnnw wedi'i godi.

[64] **Alison Halford:** Yr unig reswm am fy niddordeb yw bod cyrff eraill yn defnyddio cymalau cyfrinachedd ac mae Syr John Bourne wedi gwgu ar yr arfer hwn, y gellir ei ddefnyddio i guddio arferion rheoli gwael ac yn y blaen. Rhaid cofio eich bod yn dalwyr eithaf mawr pan ddaw'n fater o iawndal. Nid oeddwn ond yn chwilfrydig ynghylch cymharu.

Mr Kershaw: Byddwn yn falch iawn o fynd yn ôl a gwirio hynny i chi. Nid wyf yn ymwybodol iddo fod yn fater o dan sylw.

[65] **Alison Halford:** Mr Biggs, yr ydych yn nodio'ch pen. A ddymunwch ychwanegu rhywbeth?

Mr Biggs: Nid wyf yn credu bod gennyf unrhyw beth i'w ychwanegu.

[66] **Alison Halford:** Dewch ymlaen, siaradwch â mi. Yr ydych yn ddistaw iawn.

Mr Biggs: Mae hynny'n gynnig caredig iawn. Credaf fod cymalau cyfrinachedd yn perthyn yn agosach i'r cyngor a roddir gan Wasanaethau Cyfreithiol Iechyd Cymru, sydd yn cynghori ymddiriedolaethau, yn hytrach na swyddogaeth amlwg y gronfa. Er fy mod yn nodio fy mhen yn

my other experience with the Welsh Risk Pool is that it has a slightly different function.

nhermau fy mhrofiad blaenorol fel rheolwr hawliadau, y profiad arall sydd gennyf gyda Chronfa Risg Cymru yw bod iddi swyddogaeth fymryn yn wahanol.

[67] **Alison Halford:** Mr Kershaw, what does the Welsh Risk Pool intend to do to bring up poorer performing trusts to the benchmark standard, particularly for those important risk management standards where compliance across Wales was lowest?

[67] **Alison Halford:** Mr Kershaw, beth y mae Cronfa Risg Cymru'n bwriadu ei wneud i godi'r ymddiriedolaethau sydd yn perfformio'n waelach i safon y feincnod, yn enwedig yn achos y safonau rheoli risg pwysig hynny lle yr oedd y cydymffurfiad ledled Cymru ar ei isaf?

Mr Kershaw: It is not the clear responsibility of the Welsh Risk Pool to increase the performance of trusts. That rests with the director of the NHS in Wales. What I can say is that publication of what the performance is, would, I hope, influence trusts to improve performance. I would like to add that we have the comprehensive Welsh risk management standards, which are contained in the blue folder on the table. This follows on from a point that was made earlier. I would never envisage that a trust would have 100 per cent compliance with those standards because they will always change. As we treat patients in different ways and as the law changes, those standards become more onerous. Trusts will therefore constantly strive to improve performance but against an ever-moving target. However, I think that the management of the performance of trusts against those standards is the responsibility of the director of the NHS in Wales.

Mr Kershaw: Nid yw hybu perfformiad ymddiriedolaethau yn gyfrifoldeb clir ar Gronfa Risg Cymru. Cyfarwyddwr yr NHS yng Nghymru sydd yn gyfrifol am hynny. Yr hyn y gallaf ei ddweud yw y byddai cyhoeddi'r hyn yw'r perfformiad yn dylanwadu ar yr ymddiriedolaethau, yr wyf yn gobeithio, i wella'u perfformiad. Hoffwn ychwanegu bod y safonau rheoli risg Cymreig cynhwysfawr gennym yn y ffolder glas ar y bwrdd. Mae hyn yn dilyn pwynt a wnaethpwyd yn gynharach. Ni ragwelwn byth y byddai ymddiriedolaeth yn cydymffurfio 100 y cant â'r safonau hynny oherwydd byddant yn newid o hyd. Wrth inni drin cleifion mewn gwahanol ffyrdd ac wrth i'r gyfraith newid, bydd y safonau hynny'n mynd yn drymach. Felly bydd yr ymddiriedolaethau'n ymdrechu'n gyson i wella'u perfformiad ond yn erbyn targed sydd yn symud o hyd. Fodd bynnag, credaf fod rheoli perfformiad ymddiriedolaethau yn ôl y safonau hynny yn gyfrifoldeb i gyfarwyddwr yr NHS yng Nghymru.

Alison Halford: Is it fair to pass all of the parcel back to Mrs Lloyd when you said earlier, while giving evidence, that you have responsibility for giving advice on risk management?

Alison Halford: A yw'n deg rhoi'r cwbl o'r parsel yn ôl i Mrs Lloyd a chithau wedi dweud yn gynharach, wrth roi tystiolaeth, fod gennych gyfrifoldeb i roi cyngor ar reoli risg?

[68] **Mr Kershaw:** We mentioned earlier that our role in risk management is to encourage, train and support trusts in improving their risk management approaches. We do that partly through an assessment of those standards so that they know where they are. We also do that through the Risk Managers Network, which we set up a couple of years ago to encourage trusts to do things better, and through the training programme that we set up a year ago for risk managers. All of that did not exist two years ago. We are very much aware that we have a responsibility to promote risk management in trusts. The point that I was making was that the actual responsibility for managing the performance rests with the director of the NHS in Wales.

[68] **Mr Kershaw:** Dywedasom yn gynharach mai ein rôl mewn rheoli risg yw annog, hyfforddi a chynorthwyo ymddiriedolaethau wrth wella eu dulliau rheoli risg. Gwnawn hynny'n rhannol drwy asesiad o'r safonau hynny fel eu bod yn gwybod ym mha le y maent. Gwnawn hynny hefyd drwy'r Rhwydwaith Rheolwyr Risg, a sefydlasom rai blynyddoedd yn ôl er mwyn annog yr ymddiriedolaethau i wneud pethau'n well, a drwy'r rhaglen hyfforddi a sefydlasom flwyddyn yn ôl ar gyfer rheolwyr risg. Nid oedd dim o hynny'n bodoli ddwy flynedd yn ôl. Yr ydym yn ymwybodol iawn bod gennym gyfrifoldeb i hyrwyddo rheoli risg mewn ymddiriedolaethau. Y pwynt yr oeddwn yn ei wneud oedd mai cyfarwyddwr yr NHS yng Nghymru sydd â chyfrifoldeb gwirioneddol dros reoli'r perfformiad.

[69] **Alison Halford:** I am going to be beastly now,

[69] **Alison Halford:** Yr wyf am fod yn annifyr yn

Mr Kershaw—something for which I am not known. As you have such a handle on the expertise needed to cope with these matters, why is your own trust below the benchmark? I cannot put it in a nicer way.

awr, Mr Kershaw—rhywbeth nad wyf yn adnabyddus amdano. Gan fod gennych y fath afael yn yr arbenigedd sydd ei angen i ymdrin â'r materion hyn, pam y mae eich ymddiriedolaeth eich hun o dan y feincnod? Ni allaf ei eirio'n fwy caredig.

Mr Kershaw: I am very much aware of that. There is no doubt that my trust has to do better on these matters. We are a standards-driven organisation. We have been very preoccupied with other accreditation schemes over the last year—we have been involved in the health quality service, we have just received a third renewal of the charter mark for our acute services, and we are investors in people accredited. Therefore, we are very much a standards-driven organisation. We have had a slight disadvantage in that Mr Ian Biggs is shared between the Welsh Risk Pool and my own trust. Clearly, that was not sustainable. The work of the Welsh Risk Pool has grown enormously over the last two or three years, and we have now split the post so that we have a full time Welsh Risk Pool manager and a full-time manager for my own trust. Therefore, the answer to the question is that my trust is not performing as well as it should at the moment, but I hope that it will improve.

Mr Kershaw: Yr wyf yn ymwybodol iawn o hynny. Nid oes amheuaeth bod yn rhaid i'm hymddiriedolaeth wneud yn well ar y materion hyn. Yr ydym yn gorff a yrrir gan safonau. Rhoesom lawer o'n sylw i gynlluniau achredu eraill dros y flwyddyn ddiwethaf—buom yn ymwneud â'r gwasanaeth ansawdd iechyd, mae'r nod siarter i'n gwasanaethau aciwt newydd ei hadnewyddu am y trydydd tro, ac fe'n hachredwyd yn fuddsoddwyr mewn pobl. Felly yr ydym yn gorff a yrrir gan safonau i raddau helaeth iawn. Buom o dan ychydig o anfantais am fod Mr Ian Biggs wedi'i rannu rhwng Cronfa Risg Cymru a'm hymddiriedolaeth i. Yr oedd yn amlwg na ellid parhau â hynny. Mae gwaith Cronfa Risg Cymru wedi tyfu'n aruthrol dros y ddwy neu dair blynedd diwethaf, ac yr ydym bellach wedi rhannu'r swydd fel bod gennym reolwr llawn amser ar Gronfa Risg Cymru a rheolwr llawn amser ar fy ymddiriedolaeth i. Felly, yr ateb i'r cwestiwn yw nad yw fy ymddiriedolaeth yn perfformio cystal ag y dylai ar y funud, ond gobeithiaf y bydd yn gwella.

[70] **Alison Halford:** We need to press you a little on this. You tell us, quite rightly, that you have charter marks and such things, but you are still not hitting the benchmark. Therefore, can we put any faith in the areas of excellence that you are giving yourself? What is the point of an investors in people accreditation, or whatever, if you are failing to match a benchmark?

[70] **Alison Halford:** Mae angen inni bwyso arnoch ychydig ar hyn. Yr ydych yn dweud wrthym, yn gwbl briodol, fod gennych nodau siarter a phethau o'r fath, ond yr ydych yn dal i beidio â chyrraedd y feincnod. Felly, a allwn ymddiried yn y meysydd rhagoriaeth yr ydych yn eu rhoi i chi eich hun? Beth yw diben achrediad buddsoddwyr mewn pobl, neu beth bynnag, os ydych yn methu â chyrraedd meincnod?

Mr Kershaw: There is a whole range of standards that trusts must meet, not just risk management standards or controls assurance standards. This is an approach to improve the manner in which we do things. I would never suggest that the actual clinical services within the trust are better or worse than anywhere else. We must aspire to these standards, and I have said that we really need to improve on those.

Mr Kershaw: Mae amrediad eang o safonau y mae'n rhaid i ymddiriedolaethau eu cyrraedd, nid safonau rheoli risg neu safonau sicrwydd rheolaethau yn unig. Mae hyn yn ddull o wella'r modd yr ydym yn gwneud pethau. Ni fyddwn byth yn awgrymu bod y gwasanaethau clinigol presennol oddi mewn i'r ymddiriedolaeth yn well neu'n waeth nag yn unman arall. Rhaid inni anelu at y safonau hyn, ac yr wyf wedi dweud bod gwir angen inni wella ar y rheini.

[71] **Alison Halford:** The fact that you have employed another person gives you greater capacity to do more and therefore improve your own performance perhaps?

[71] **Alison Halford:** Mae'r ffaith eich bod wedi cyflogi rhywun arall yn rhoi mwy o allu ichi wneud rhagor ac felly wella eich perfformiad eich hun efallai?

Mr Kershaw: As the Committee is aware, the trusts went through some complicated mergers—a

Mr Kershaw: Fel y gwyr y Pwyllgor, aeth yr ymddiriedolaethau drwy rai cyfuniadau

reconfiguration, I think, in Wales—and there is no doubt that some of the trusts, and I think that this is stated in the report, were slightly disturbed during that period. I think that my trust, along with a number of others, has to improve.

cymhleth—ailgyfluniad, yr wyf yn credu, yng Nghymru—ac nid oes amheuaeth bod rhai o'r ymddiriedolaethau, a chredaf fod yr adroddiad yn nodi hyn, wedi'u hanhrefnu ychydig yn ystod y cyfnod hwnnw. Credaf fod yn rhaid i'm hymddiriedolaeth i wella, ynghyd â nifer o rai eraill.

[72] **Alison Halford:** We were told that the Welsh risk management standards—that trips off the tongue, does it not—would take effect from January 2001. Are they? Are they in place?

[72] **Alison Halford:** Dywedwyd wrthym y byddai safonau rheoli risg Cymru—mae hynny'n hawdd ei ddweud, onid yw—yn dod i rym o Ionawr 2001. A ydynt? A ydynt ar waith?

Mr Kershaw: Yes. Those standards are now in place. Trusts will be assessed against those standards in June this year. We will also be employing an assessor this summer to assess all the trusts against those standards. The assessment period in question is between January and March 2001, and the assessment takes place in June.

Mr Kershaw: Ydynt. Mae'r safonau hynny ar waith yn awr. Asesir yr ymddiriedolaethau yn ôl y safonau hynny ym Mehefin eleni. Byddwn hefyd yn cyflogi aseswr yr haf hwn i asesu'r holl ymddiriedolaethau yn ôl y safonau hynny. Mae'r cyfnod asesu dan sylw rhwng Ionawr a Mawrth 2001, a bydd yr asesiad ym Mehefin.

[73] **Alison Halford:** Sir John Bourne's report gives £2.7 million as an illustration of potential savings arising from improved risk management standards—this figure is given on page 32, paragraph 4.19 of the report. In your view, what is the realistic level of savings that might accrue? Can we get a realistic level of savings?

[73] **Alison Halford:** Mae adroddiad Syr John Bourne yn rhoi £2.7 miliwn fel enghraifft o'r arbedion posibl yn codi o well safonau rheoli risg—rhoddir y ffigur hwn ar dudalen 32, paragraff 4.19 yr adroddiad. Yn eich barn chi, beth yw lefel realistig yr arbedion a allai ddod o hynny? A allwn gael lefel realistig o arbedion?

Mr Kershaw: I am not certain in my own mind that there is a direct correlation between an improvement in the standards and a financial saving as a result of claims. One reason for that is that, as we have already heard this afternoon, the average time that it takes for a claim to be dealt with is four and a half years in totality. Therefore, what we do today to improve our services and systems may well not be seen for some time in the future, depending on the length of the claim. I would probably agree that there is absolutely no doubt that improving risk management within health care organisations can ultimately only help to reduce the risk of damaged patients. I think that that is the really important issue. I am not sure whether I have a clearer view about the absolute amount of financial savings that would go with that.

Mr Kershaw: Nid wyf yn sicr yn fy meddwl fy hun fod cydberthynas uniongyrchol rhwng gwelliant yn y safonau ac arbediad ariannol o ganlyniad i hawliadau. Un rheswm am hynny, fel y clywsom eisoes y prynhawn yma, yw mai'r amser y mae'n ei gymryd i ddelio â hawliad ar gyfartaledd yw pedair blynedd a hanner i gyd. Felly mae'n ddigon posibl na welir canlyniad yr hyn a wnawn heddiw i wella ein gwasanaethau am beth amser i ddod, gan ddibynnu ar hyd amser yr hawliad. Byddwn yn cytuno, yn ôl pob tebyg, nad oes amheuaeth o gwbl y gall gwella rheoli risg oddi mewn i gyrff gofal iechyd wneud dim yn y pen draw ond helpu i leihau'r perygl o niwed i gleifion. Credaf mai hwnnw yw'r mater gwirioneddol bwysig. Nid wyf yn sicr a oes gennyf farn fwy clir am holl swm yr arbedion ariannol a fyddai'n mynd law yn llaw â hynny.

[74] **Alison Halford:** This is my last question. We have been told that trusts that achieve the benchmark of 75 per cent compliance with the risk management standards benefit from a discount of £5,000. Given the cost of putting in place robust procedures in areas of risk, is that a sufficient incentive for trusts to take the necessary steps to improve their whole management systems?

[74] **Alison Halford:** Dyma fy nghwestiwn olaf. Dywedwyd wrthym fod ymddiriedolaethau sydd yn cyrraedd y feincnod o 75 y cant o gydymffurfiad â'r safonau rheoli risg yn cael gostyngiad o £5,000. O ystyried cost sefydlu gweithdrefnau cadarn mewn meysydd risg, a yw hynny'n ddigon o anogaeth i'r ymddiriedolaeth gymryd y camau angenrheidiol i wella eu holl systemau rheoli?

Mr Kershaw: The mechanism is that for each claim that the trust might make against the Welsh Risk Pool for reimbursement, the trust will have a differential excess on that according to its position on the table of compliance with the standards. A trust could find that quite punitive in financial terms if it had a number of claims in a particular year. I cannot find a table to show you at the moment, but you will see that there are three different ranges according to how punitive that differential excess is. At the moment, and this is the first year that the Welsh Risk Pool has instigated this, we think that it is a good mechanism to encourage trusts to improve their performance against the standards. As a management group of the Welsh Risk Pool, we review that approach annually and that is already in our plans for this year.

Mr Kershaw: Y mecanwaith yw y codir tâl dros ben gwahanredol ar yr ymddiriedolaeth am bob hawliad y gallai ei gyflwyno i Gronfa Risg Cymru am ad-daliad, yn ôl ei safle yn y tabl cydymffurfiad â'r safonau. Gallai ymddiriedolaeth gael bod hynny'n eithaf cosbol yn ariannol os câi nifer o hawliadau mewn blwyddyn arbennig. Ni allaf ddod o hyd i dabl i ddangos hynny i chi ar y funud, ond byddwch yn gweld bod tri gwahanol amrediad yn ôl pa mor gosbol yw'r tâl dros ben gwahanredol hwnnw. Ar hyn o bryd, a hon yw'r flwyddyn gyntaf i Gronfa Risg Cymru roi hyn ar waith, credwn ei fod yn fecanwaith da er mwyn annog ymddiriedolaethau i wella eu perfformiad yn ôl y safonau. Fel grwp rheoli Cronfa Risg Cymru, yr ydym yn adolygu'r dull gweithredu hwnnw bob blwyddyn ac mae hynny eisoes yn ein cynlluniau ar gyfer y flwyddyn hon.

[75] **Alison Halford:** This really is my last question. Is there anything else that you need to do, if you say that it can be fairly punitive to trusts? What would you like to recommend?

[75] **Alison Halford:** Hwn yw fy nghwestiwn olaf, yn wir. A oes rhywbeth arall y mae angen ichi ei wneud, os dywedwch y gall fod yn eithaf cosbol i ymddiriedolaethau? Beth hoffech ei argymell?

Mr Kershaw: There is a balance between encouraging, motivating and enthusing trusts to improve performance, and putting them in what could almost be described as financial distress. That is one of the reasons why we related part of the premium that the trust pays to the claims history over the last four years. It is only about 15 per cent of the addition that they pay every year. If we were to increase that there is the great potential that if a trust were to have, for example, two brain-damaged baby cases in one year, which might have had a gestation period of 15 years ago, it could suddenly be faced with a huge increase in the cost of the Welsh Risk Pool. For the director of the NHS in Wales, that might destabilise the financial position of some trusts. The balance is about doing things that will encourage and motivate trusts, adding a little spice of financial damages, but without destabilising them. Sometimes, that is quite a fine balance.

Mr Kershaw: Mae cydbwysedd rhwng annog, symbylu a thanio brwdfrydedd ymddiriedolaethau i wella eu perfformiad, a'u rhoi yn yr hyn y gellid bron ei ddisgrifio'n gyni ariannol. Dyna un o'r rhesymau pam y cysylltasom ran o'r premiwm y mae'r ymddiriedolaeth yn ei dalu â'r hanes o hawliadau dros y pedair blynedd cynt. Nid yw ond tua 15 y cant o'r ychwanegiad y maent yn ei dalu bob blwyddyn. Pe baem yn cynyddu hwnnw, mae posibiliad mawr, pe bai ymddiriedolaeth yn cael, er enghraifft, ddau achos o fabanod â niwed i'w hymennydd mewn un flwyddyn, a'r rheini wedi cymryd 15 mlynedd i ddod i'w terfyn, y gallai wynebu cynnydd anferth yn sydyn yng nghost Cronfa Risg Cymru. O safbwynt cyfarwyddwr yr NHS yng Nghymru, gallai hynny ddadsefydlogi sefyllfa ariannol rhai ymddiriedolaethau. Mae'r cydbwysedd yn ymwneud â gwneud pethau a fydd yn annog ac yn symbylu ymddiriedolaethau, ychwanegu ychydig o flas o gosbau ariannol, ond heb eu dadsefydlogi. Weithiau, mae'r cydbwysedd hwnnw'n eithaf tringar.

[76] **Janet Davies:** We are a bit ahead of time, but it would probably be a good idea to finish the evidence session before we have a coffee break. I think that everybody would prefer that.

[76] **Janet Davies:** Yr ydym ychydig o flaen amser, ond byddai'n syniad da gorffen y sesiwn tystiolaeth cyn inni gael egwyl goffi, yn ôl pob tebyg. Credaf y byddai hynny'n well gan bawb.

[77] **Jocelyn Davies:** I would like to ask about the reporting of the adverse incidents. Having a robust system is important by way of providing trusts with early warnings of potential incidents of negligence. In Wales, two trusts had not implemented such a system at the time of the field

[77] **Jocelyn Davies:** Hoffwn holi ynghylch adrodd am y digwyddiadau adfydus. Mae cael system gadarn yn bwysig o ran rhoi rhybuddion cynnar i ymddiriedolaethau am ddigwyddiadau posibl o esgeulustod. Yng Nghymru, yr oedd dwy ymddiriedolaeth heb weithredu system o'r fath ar

work for this report. Can you confirm that all trusts, including those two, have now implemented the system?

adeg y gwaith maes ar gyfer yr adroddiad hwn. A allwch gadarnhau bod yr holl ymddiriedolaethau, gan gynnwys y ddwy hyn, wedi gweithredu'r system bellach?

Mrs Lloyd: It is my understanding, given the briefing that I have had, that they have implemented the systems. I shall see all trusts in the next two months and I will meet with the chief executives of the trusts on Tuesday and I will establish once and for all whether or not they are complying with the reporting systems that we expect them to comply with.

Mrs Lloyd: Yr wyf yn deall, ar sail y cyfarwyddyd a gefais, eu bod wedi gweithredu'r systemau. Byddaf yn gweld yr holl ymddiriedolaethau yn y ddau fis nesaf a byddaf yn cyfarfod â phrif weithredwyr yr ymddiriedolaethau ddydd Mawrth a byddaf yn cadarnhau unwaith ac am byth a ydynt yn cydymffurfio â'r systemau adrodd y disgwyliwn iddynt gydymffurfio â hwy ai peidio.

[78] **Jocelyn Davies:** You talked earlier about being able to share information. Can you tell me what progress the Assembly has made in developing a standardised database for the reporting of adverse incidents?

[78] **Jocelyn Davies:** Soniasoch yn gynharach am allu rhannu gwybodaeth. A allwch ddweud wrthyf pa gynnydd a wnaeth y Cynulliad wrth ddatblygu cronfa ddata safonol ar gyfer adrodd am ddigwyddiadau adfydus?

Mrs Lloyd: We are working with England at the moment on using the same sort of database that it will use to report adverse incidents because we feel that it is important that there is a standardised system across the United Kingdom so that we can share information on a wider scale. Those discussions are taking place at the moment. In the meantime, I have asked the trusts to advise me explicitly of their implementation programmes against the organisation with the memory, which has been rolled out throughout the country. The clinical governance review, to which I referred earlier, will give me chapter and verse on where all trusts now stand in terms of being able to input their information into the wider national clinical assessment authority that is being established, to ensure that we are compliant with that.

Mrs Lloyd: Yr ydym yn gweithio gyda Lloegr ar hyn o bryd ar ddefnyddio'r un math o gronfa ddata â hi i adrodd am ddigwyddiadau adfydus oherwydd teimlwn ei bod yn bwysig bod system safonol ledled y Deyrnas Unedig fel y gallwn rannu gwybodaeth ar raddfa ehangach. Mae'r trafodaethau hynny'n digwydd ar hyn o bryd. Yn y cyfamser, gofynnais i'r ymddiriedolaeth roi gwybod imi'n benodol am eu rhaglenni gweithredu mewn perthynas â'r drefniadaeth â'r cof, sydd wedi'i hymestyn ledled y wlad. Bydd yr adolygiad o lywodraethu clinigol, y cyfeiriais ato'n gynharach, yn rhoi pennod ac adnod i mi ynghylch sefyllfa bresennol yr holl ymddiriedolaethau o ran eu gallu i fewnbynnu eu gwybodaeth i'r awdurdod asesu clinigol cenedlaethol ehangach a sefydlir, i sicrhau ein bod yn cydymffurfio â hynny.

[79] **Jocelyn Davies:** I will now move on to ask about the Risk Managers Network. It is a useful forum for disseminating information and sharing best practice. However, the group's remit extends to all risk management issues, not just clinical negligence. Given the enormous scope for trusts to learn from each other's experience in preventing and handling clinical negligence, is this network sufficiently focused?

[79] **Jocelyn Davies:** Af ymlaen yn awr i holi ynghylch y Rhwydwaith Rheolwyr Risg. Mae'n fforwm defnyddiol ar gyfer lledaenu gwybodaeth a rhannu'r arfer gorau. Fodd bynnag, mae cylch gwaith y grwp yn cynnwys yr holl faterion rheoli risg, nid esgeulustod clinigol yn unig. O ystyried y cyfle enfawr i'r ymddiriedolaethau ddysgu o brofiadau ei gilydd wrth atal a thrafod esgeulustod clinigol, a yw ffocws y rhwydwaith hwn yn ddigonol?

Mrs Lloyd: I believe that it is. The issue of other types of risk—risk of danger and injury to staff—has been reasonably well established for a number of years, particularly through the health and safety inspections to which the NHS has been subjected over the past 10 years. I think that I will be asking the Welsh Risk Pool to assess whether or not that network is the competent organisation to share

Mrs Lloyd: Credaf ei fod. Mae mater y mathau eraill o risg—risg o berygl ac anaf i staff—wedi'i sefydlu'n weddol dda ers rhai blynyddoedd, yn enwedig drwy'r arolygiadau iechyd a diogelwch ar yr NHS dros y 10 mlynedd diwethaf. Credaf y byddaf yn gofyn i Gronfa Risg Cymru asesu ai'r rhwydwaith hwnnw yw'r corff cymwys i rannu'r wybodaeth honno ai peidio. Fodd bynnag,

that information. However, I would certainly expect the Welsh Risk Pool itself to be networking with all trusts to ensure that they are receiving information pertinent to them, in terms of both clinical and non-clinical risk, and risk to staff.

byddwn yn sicr yn disgwyl i Gronfa Risg Cymru ei hun rwydweithio â'r holl ymddiriedolaethau i sicrhau eu bod yn derbyn gwybodaeth sydd yn berthnasol iddynt, o ran risg clinigol a risg anghlinigol, a risg i staff.

[80] **Jocelyn Davies:** Could we talk a little now about alternative remedies? The Auditor General has mentioned the lack of channels of communication between clinicians and patients and also the secretive culture that some say exists in the NHS. Obviously, that is a barrier to learning from each other's mistakes. What have you done to ensure a more open culture?

[80] **Jocelyn Davies:** A allem sôn ychydig yn awr am feddyginiaethau amgen? Mae'r Archwilydd Cyffredinol wedi crybwyll y diffyg cyfryngau cyfathrebu rhwng clinigwyr a chleifion a hefyd y diwylliant cyfrinachgar y mae rhai'n dweud ei fod yn bodoli yn yr NHS. Mae'n amlwg bod hynny'n rhwystr rhag dysgu o gamgymeriadau ei gilydd. Beth a wnaethoch i sicrhau diwylliant mwy agored?

Mrs Lloyd: As a consequence of the review of medical negligence and the review of the complaints system that has been going on during the past year, trusts have been encouraged to adopt a no blame culture, as I explained earlier. As part of the performance management system, we will be able to establish how far along the track they have got. One would expect the number of clinical incidents reported to rise but to change in their nature, in that possibly less serious incidents start to be reported, which incidents can be avoided and will be included in staff training. However, I cannot give you an assessment of how far we have progressed along that track until I have received the clinical governance report.

Mrs Lloyd: O ganlyniad i'r adolygiad o esgeulustod meddygol a'r adolygiad o'r system cwynion a fu'n mynd ymlaen yn ystod y flwyddyn a aeth heibio, anogwyd yr ymddiriedolaethau i fabwysiadu diwylliant o beidio â bwrw bai, fel yr eglurais yn gynharach. Fel rhan o'r system rheoli perfformiad, byddwn yn gallu canfod pa mor bell yr aethant ar hyd y ffordd. Byddai rhywun yn disgwyl i nifer y digwyddiadau clinigol a adroddir gynyddu ond iddynt newid o ran eu natur, i'r graddau y dechreuir adrodd am ddigwyddiadau a allai fod yn llai difrifol, pa ddigwyddiadau y gellir eu hosgoi ac a gynhwysir mewn hyfforddiant staff. Fodd bynnag, ni allaf roi asesiad i chi o ba mor bell yr aethom ar hyd y ffordd honno hyd nes y byddaf wedi derbyn yr adroddiad llywodraethu clinigol.

[81] **Jocelyn Davies:** The alternative remedies such as mediation and ex gratia payments offer the prospect of resolving claims in a mutually satisfactory way for all involved. They also prevent costly legal proceedings. After all, some people say that all they wanted was an apology. What have you done to encourage the scope for that?

[81] **Jocelyn Davies:** Mae'r meddyginiaethau amgen fel cyfryngu a chydnabyddiaethau'n cynnig y gobaith o benderfynu ar hawliadau mewn modd sydd yn foddhaol i bawb sydd yn gysylltiedig. Maent hefyd yn atal achosion cyfreithiol drud. Wedi'r cyfan, dywed rhai mai'r cwbl yr oedd arnynt ei angen oedd ymddiheuriad. Beth a wnaethoch i hybu'r cyfle ar gyfer hynny?

Mrs Lloyd: In the complaints procedure that exists at the moment, let alone the one that is about to come into being, clinical staff in the round have a responsibility and duty to provide an apology and an explanation if an incident arises. That is now a requirement of their professional bodies. That has certainly been encouraged in terms of the process that patients must go through in the complaints procedure, in that independent reviews cannot be accepted and instituted unless an explanation has been offered to the patient. There are some patients who wish to go to independent review without that. However, there are now certain processes in place which allow patients to seek the information that they require in order to make a

Mrs Lloyd: Yn yr weithdrefn cwynion sydd yn bodoli ar hyn o bryd, heb sôn am yr un sydd ar fin dod i fodolaeth, mae gan yr holl staff clinigol gyfrifoldeb a dyletswydd i roi ymddiheuriad ac eglurhad os yw digwyddiad yn codi. Mae hynny'n ofyniad bellach gan eu cyrff proffesiynol. Hybwyd hynny'n sicr o ran y broses y mae'n rhaid i gleifion ei dilyn yn yr weithdrefn cwynion, i'r graddau na ellir derbyn a chychwyn adolygiadau annibynnol oni bai fod eglurhad wedi'i gynnig i'r claf. Mae rhai cleifion sydd yn dymuno troi at adolygiad annibynnol heb hynny. Fodd bynnag, mae prosesau penodol ar waith bellach sydd yn caniatáu i gleifion geisio'r wybodaeth y mae arnynt ei hangen er mwyn gwneud dyfarniad yn y

judgment in the first instance and for our staff to provide them with a proper explanation, and an apology where that is appropriate. There has been a considerable increase in the use of those techniques.

lle cyntaf ac i'n staff roi eglurhad iawn iddynt, ac ymddiheuriad lle y bo hynny'n briodol. Bu cynnydd sylweddol yn y defnydd o'r technegau hynny.

The health service has always been somewhat nervous about ex gratia payments, in that I think it has always been quite nervous about whether or not it would be able to justify them as an appropriate use of the public purse's resources. Nevertheless, there is a growing incidence of ex gratia payments being used where, on thorough investigation within the organisation, fault is identified. Instead of putting the patient and the organisation through a tortuous legal process, an ex gratia payment for distress, pain or injury is offered to the individual. I would prefer it to be that way. I think that it is much better to face up to mistakes, deal with them proactively, see the patient and his or her relatives, admit where a mistake has been made and provide a proper explanation than to make the patient go through very difficult processes in order to get proper recompense. Do you want me to say something about mediation?

Mae'r gwasanaeth iechyd braidd yn nerfus erioed ynghylch cydnabyddiaethau, i'r graddau ei fod yn eithaf nerfus erioed, yr wyf yn credu, ynghylch a allai eu cyfiawnhau fel defnydd priodol o adnoddau'r pwrs cyhoeddus ai peidio. Er hynny, defnyddir cydnabyddiaethau'n fwy mynych lle, ar ôl ymchwiliad trwyadl oddi mewn i'r corff, y canfyddir bai. Yn lle gorfodi'r claf a'r corff i ddilyn proses gyfreithiol drofaus, cynigir cydnabyddiaeth oherwydd gofid, poen neu anaf i'r unigolyn. Byddai'n well gennyf pe bai felly. Credaf ei bod yn well o lawer wynebu camgymeriadau, eu trafod yn rhagweithiol, gweld y claf a'i berthnasau, cyfaddef lle y gwnaethpwyd camgymeriad a chynnig eglurhad iawn yn hytrach na gorfodi'r claf i ddilyn prosesau anodd iawn er mwyn cael iawndal priodol. A ddymunwch imi ddweud rhywbeth am gyfryngu?

[82] **Jocelyn Davies:** If you like.

[82] **Jocelyn Davies:** Os dymunwch.

Mrs Lloyd: There is a scheme taking place in England, as has been described in the Auditor General's report, where mediation is offered on all claims. We should get the results of that in June 2001. In Wales, we decided that we would await the results of that fairly comprehensive exercise. We are working closely with the NHS litigation authority on that. We will therefore be able to form a judgment after June when the results of the experiments and pilot scheme are known to us, to roll out mediation and other forms of managing patients' complaints better.

Mrs Lloyd: Mae cynllun yn digwydd yn Lloegr, fel y'i disgrifiwyd yn adroddiad yr Archwilydd Cyffredinol, lle y cynigir cyfryngu ar bob hawliad. Dylem gael canlyniadau hynny ym Mehefin 2001. Yng Nghymru, penderfynasom y byddem yn disgwyl canlyniadau'r ymarfer eithaf cynhwysfawr hwnnw. Yr ydym yn gweithio'n agos gydag awdurdod ymgyfreitha'r NHS ar hynny. Felly byddwn yn gallu ffurfio barn ar ôl mis Mehefin pan fyddwn yn gwybod canlyniadau'r arbrofion a'r cynllun peilot, er mwyn ymestyn cyfryngu a dulliau eraill o reoli cwynion cleifion yn well.

[83] **Jocelyn Davies:** I have one last question on managing patients' complaints better. I am sure that you are aware of *The Observer* article last July that said that beleaguered doctors were threatening to sue patients who complained for defamation and that the threat of the prosecution was being used by doctors in an attempt to hit back at the rising tide of complaints. Those findings emerged from a survery by the Association of Community Health Councils. It found that in more than 20 per cent of health authorities doctors had threatened to sue patients for libel or slander for daring to complain. The survey found dozens of cases where patients had withdrawn complaints following the threat of legal action. In fact, it had warned off many patients.

[83] **Jocelyn Davies:** Mae gennyf un cwestiwn olaf ar reoli cwynion cleifion yn well. Yr wyf yn sicr y gwyddoch am yr erthygl yn *The Observer* fis Gorffennaf diwethaf a ddywedodd fod meddygon dan warchae yn bygwth erlyn cleifion a gwynai am ddifenwi a bod meddygon yn defnyddio'r bygythiad o erlyn mewn ymgais i daro'n ôl yn erbyn y llif cynyddol o gwynion. Daeth y canfyddiadau hynny o arolwg gan Gymdeithas y Cynghorau Iechyd Cymuned. Canfu fod meddygon mewn mwy na 20 y cant o awdurdodau iechyd wedi bygwth erlyn cleifion am enllib ac athrod am feiddio cwyno. Darganfu'r arolwg ddwsinau o achosion lle'r oedd cleifion wedi tynnu cwynion yn ôl ar ôl bygythiad o achos cyfreithiol. Mewn gwirionedd, yr oedd wedi bod

Would you expect patients to go down the route of the alternative remedy, where they are unprotected by a solicitor, I think, if they run the risk of being threatened with legal proceedings? It is a much more informal route. If you decide to sue, at least you then have the protection of a solicitor. How common—this is a survey done by the Association of Community Health Councils so it has some legitimacy—is it for people in Wales who dare to complain to be threatened with legal action themselves?

yn rhybudd i lawer o gleifion gadw draw. A fyddech yn disgwyl i gleifion ddilyn llwybr y feddyginiaeth amgen, lle nad ydynt wedi'u hamddiffyn gan gyfreithiwr, yr wyf yn credu, os ydynt yn mentro'r bygythiad o achos cyfreithiol? Mae'n llwybr mwy anffurfiol o lawer. Os penderfynwch erlyn, o leiaf wedyn y cewch eich amddiffyn gan gyfreithiwr. Pa mor gyffredin—arolwg a wnaethpwyd gan Gymdeithas y Cynghorau Iechyd Cymuned yw hwn felly mae iddo gryn ddilysrwydd—ydyw i bobl yng Nghymru sydd yn meiddio cwyno gael bygythiad o achos cyfreithiol eu hunain?

Mrs Lloyd: There are a number of issues in your question. In terms of how common it is in Wales, I have not seen the results of any Welsh survey independently undertaken. I will ask our Association of Community Health Councils for its view on that, and provide you with its response. I think that the action described by *The Observer* is entirely unacceptable and I am sure that it would be unacceptable to the Assembly. If we are to deal properly with the concerns and complaints of individuals, we must be honest and open about it and we must engender a culture of openness and admitting mistakes where they occur. There are some complainants who really have had the answer and had it more than once, who will pursue their complaint. Basically the best way of dealing with them is to offer them an independent review so that the suspicion that the individual dealing with them might be covering up for his or her organisation can then be tested in a more independent way. However, I would be very concerned indeed if we found that hitting back at patients was a prevalent trend in Wales. I will be interested to see the findings of the Welsh Association of Community Health Councils, and will take up any concerns that I have, arising from its information, with the trusts concerned.

Mrs Lloyd: Mae nifer o faterion yn eich cwestiwn. O ran pa mor gyffredin ydyw yng Nghymru, ni welais ganlyniadau unrhyw arolwg yng Nghymru a ymgymerwyd yn annibynnol. Byddaf yn gofyn i'n Cymdeithas Cynghorau Iechyd Cymuned am ei barn ar hynny, ac yn rhoi ei hymateb i chi. Credaf fod y camau a ddisgrifiwyd yn *The Observer* yn gwbl annerbyniol ac yr wyf yn sicr y byddai'n annerbyniol i'r Cynulliad. Os ydym i ymdrin yn briodol â phryderon a chwynion unigolion, rhaid inni fod yn onest ac yn agored yn ei gylch a rhaid inni feithrin diwylliant o weithredu agored a chyfaddef pan ddigwydd camgymeriadau. Mae rhai achwynwyr sydd wedi cael yr ateb mewn gwirionedd a hynny fwy nag unwaith, a fydd yn dilyn eu cwyn. Yn y bôn, y dull gorau o'u trafod yw cynnig adolygiad annibynnol iddynt fel y gellir rhoi prawf mwy annibynnol ar yr amheuaeth bod yr unigolyn sydd yn delio â hwy yn cuddio bai dros ei gorff. Fodd bynnag, byddwn yn bryderus dros ben os caem fod taro'n ôl yn erbyn cleifion yn duedd cyffredin yng Nghymru. Bydd o ddiddordeb imi weld canfyddiadau Cymdeithas Cynghorau Iechyd Cymuned Cymru, a byddaf yn codi unrhyw bryderon sydd gennyf, ar sail ei gwybodaeth, gyda'r ymddiriedolaethau dan sylw.

[84] **Jocelyn Davies:** Could I ask Alison, from the legal services point of view, whether she is aware of ever having offered the advice to anyone who has come to the service that he or she may threaten to sue for slander or defamation?

[84] **Jocelyn Davies:** A gaf ofyn i Alison, o safbwynt y gwasanaethau cyfreithiol, a yw'n ymwybodol o fod wedi cynnig cyngor erioed i rywun a ddaeth at y gwasanaeth y gallai ef neu hi fygwth erlyn am athrod neu ddifenwi?

Ms Walcot: No, I am not aware of any such cases.

Ms Walcot: Nac ydwyf, ni wn am unrhyw achosion o'r fath.

[85] **Jocelyn Davies:** Thank you.

[85] **Jocelyn Davies:** Diolch i chi.

[86] **Dafydd Wigley:** I just have a couple of points. Picking up on a term that was used—'mediation services'—are you looking at the possibility of a mediation service on an all-Wales level? To what extent is it more likely that you could achieve

[86] **Dafydd Wigley:** Nid oes gennyf ond dau bwynt. Gan ddilyn term a ddefnyddiwyd—'gwasanaethau cyfryngu'—a ydych yn ystyried y posibiliad o wasanaeth cyfryngu ar lefel Cymru gyfan? I ba raddau y mae'n fwy tebygol y gallech

successful mediation if that process were taken away from the trust itself? There will always be a feeling of wanting to avoid blame or guilt; it is only natural that that should be the case. If you could settle those cases where there is a 90 per cent chance of having to settle, and do so out of court quickly, there might be a saving to be made. I do not know whether you are thinking of going down that road.

sicrhau cyfryngu llwyddiannus os gallech gymryd y broses honno oddi wrth yr ymddiriedolaeth ei hun? Bydd teimlad bob amser o ddymuno osgoi bai neu euogrwydd; nid yw ond yn naturiol i hynny fod yn wir. Os gallech setlo'r achosion hynny lle y mae 90 y cant o debygolrwydd o orfod setlo, a gwneud hynny'n gyflym y tu allan i'r llys, mae'n bosibl y gellid cael arbediad drwy hynny. Ni wn a ydych yn ystyried dilyn y llwybr hwnnw.

Mrs Lloyd: I think that mediation is tremendously skilled. To provide training to the thousands of staff who might be involved in mediation would probably cost a fortune and might not be as effective. I think that, arising from the experiment that is going on in England, we need to think through how best we could operate mediation in a very professional and open way. Your suggestion is quite sensible and one that we would wish to take forward and test.

Mrs Lloyd: Credaf fod cyfryngu'n waith aruthrol o fedrus. Byddai darparu hyfforddiant i'r miloedd o staff a allai fod yn gysylltiedig â chyfryngu'n costio arian mawr yn ôl pob tebyg ac efallai na fyddai mor effeithiol. Credaf, ar sail yr arbrawf sydd yn mynd ymlaen yn Lloegr, fod angen inni ystyried yn ofalus sut y gallem weithredu cyfryngu orau mewn modd proffesiynol ac agored iawn. Mae'ch awgrym yn synhwyrol iawn ac yn un y dymunem fwrw ymlaen ag ef a rhoi prawf arno.

[87] **Dafydd Wigley:** Thank you. As a matter of interest, are you seeing any increase in lawyers being involved in cases on a 'no-win, no-fee' basis? We see adverts on television all the time, with due deference to the lawyers who are present here, which seem to encourage people to want to chase cases to law. Everybody should have their rights of course, but if things can be settled without recourse to law, that would obviously be in everybody's interest. Are you seeing any greater involvement of lawyers on that basis?

[87] **Dafydd Wigley:** Diolch i chi. Fel mater o ddiddordeb, a ydych yn gweld unrhyw gynnydd yn y rhan a gymerir gan gyfreithwyr mewn achosion ar sail 'dim ennill, dim ffi'? Gwelwn hysbysebion ar y teledu drwy'r amser, gyda phob dyledus barch i'r cyfreithwyr sydd yn bresennol yma, yr ymddengys eu bod yn cymell pobl i ddymuno mynd ag achosion i gyfraith. Dylai pawb gael ei hawliau wrth gwrs, ond os gellir setlo pethau heb droi at y gyfraith, mae'n amlwg y byddai hynny er budd pawb. A ydych yn gweld unrhyw gynnydd yn y rhan a gymerir gan gyfreithwyr ar y sail honno?

Mrs Lloyd: I think that Alison could probably answer that.

Mrs Lloyd: Credaf y gallai Alison ateb hynny, yn ôl pob tebyg.

Ms Walcot: There is a change in the funding for claimants bringing claims. There has been some phasing out of legal aid. There are claims that are now run on a conditional fee basis and there is legal insurance protection so that claimants may bring their claims under that if they are not eligible for legal aid. I am not sure what the actual figures are. They are obviously quite new claims, so I do not know at present how much of an impact they will have.

Ms Walcot: Mae newid yn yr ariannu i hawlwyr sydd yn cyflwyno hawliadau. Bu rhywfaint o ddiddymu graddol o gymorth cyfreithiol. Mae hawliadau'n awr a redir ar sail ffi amodol ac mae amddiffyniad yswiriant cyfreithiol fel y gall hawlwyr gyflwyno'u hawliadau o dan hynny os nad ydynt yn gymwys i dderbyn cymorth cyfreithiol. Nid wyf yn sicr beth yw'r union ffigurau. Mae'n amlwg eu bod yn hawliadau eithaf newydd, felly ni wn ar hyn o bryd faint o effaith a gânt.

[88] **Dafydd Wigley:** My worry is that there could be a mushrooming of claims. Heaven forbid that we go down the road of the United States where everybody resorts to legal action at the drop of a hat. That is why I am glad to hear about the mediation service. If that gets a good reputation, it will hopefully lead to legal action being avoided.

[88] **Dafydd Wigley:** Yr hyn sydd yn fy mhoeni i yw y gallai hawliadau dyfu dros nos. Na ato Duw inni ddilyn llwybr yr Unol Daleithiau lle y mae pawb yn troi at achos cyfreithiol ar yr esgus lleiaf. Dyna pam y mae'n dda gennyf glywed am y gwasanaeth cyfryngu. Os caiff hwnnw enw da, gobeithiaf y bydd yn arwain at osgoi achosion

cyfreithiol.

[89] **Karen Sinclair:** Just to pick up on what Dafydd said, we have all watched with horror the 'where there is blame, there is a claim' advertisements on the television. They are horrendous. However, on a 'no-fee' basis, I would think that companies would be very careful about what cases they would be prepared to take on. I think that it is an awful way of doing it—taking a percentage of the outcome—but I would have thought that companies would be very careful and would not pick up a case, if they did not think that it was a fairly solid one. That is the only solace you have on that.

[89] **Karen Sinclair:** Gan ddilyn yr hyn a ddywedodd Dafydd, yr ydym oll wedi gwylio gydag arswyd yr hysbysebion 'lle y mae bai, y mae hawliad' ar y teledu. Maent yn arswydus. Fodd bynnag, ar sail 'dim ffi', tybiaf y byddai cwmnïau'n dra gofalus ynghylch pa achosion y byddent yn barod i ymgymryd â hwy. Credaf fod hynny'n ffordd ofnadwy i'w wneud—cymryd canran o'r canlyniad—ond byddwn yn credu y byddai cwmnïau'n dra gofalus ac yn peidio a chymryd achos, os nad oeddent yn credu ei fod yn un eithaf cadarn. Dyna'r unig gysur sydd gennych ar hynny.

Ms Walcot: Yes, I would agree.

Ms Walcot: Ie, byddwn yn cytuno.

[90] **Janet Davies:** I thank all the witnesses for their very full and helpful answers. This has been a very important session on an issue of increasing importance and concern. I am sure that we will re-visit this matter. Indeed, I will ask the Committee later whether, if we can fit it in, it would be willing to meet some representatives from trusts to discuss their points of view and the problems that they perceive. My view of the Audit Committee is that it exists not so much to apportion blame as to try to get better answers and improved practices. At the end of the day, that is more important than shouting at people and trying to say that they are at fault.

[90] **Janet Davies:** Diolchaf i'r holl dystion am eu hatebion llawn a defnyddiol iawn. Bu hwn yn sesiwn pwysig iawn ar fater o bwys a phryder cynyddol. Yr wyf yn sicr y byddwn yn dod yn ôl at y mater hwn. Yn wir, byddaf yn gofyn i'r Pwyllgor yn ddiweddarach, os gallwn gael lle iddo, a fyddai'n barod i gyfarfod â chynrychiolwyr o'r ymddiriedolaethau i drafod eu safbwyntiau a'r problemau a welant. Yn fy marn i mae'r Pwyllgor Archwilio'n bodoli nid yn gymaint i roi bai ond i geisio cael gwell atebion a gwell arferion. Yn y pen draw, mae hynny'n bwysicach na gweiddi ar bobl a cheisio dweud bod bai arnynt.

Daeth y sesiwn gymryd tystiolaeth i ben am 3.25 p.m.

The evidence-taking session ended at 3.25 p.m.

ANNEX A(part2)

Cynulliad Cenedlaethol Cymru
Pwyllgor Archwilio

The National Assembly for Wales
Audit Committee

Esgeulustod Clinigol yn y GIG yng Nghymru
Clinical Negligence in the NHS in Wales

Cwestiynau (91-221)
Questions (91-221)

Dydd Iau 3 Mai 2001
Thursday 3 May 2001

Aelodau o'r Cynulliad yn bresennol: Janet Davies (Cadeirydd), Alun Cairns, Jocelyn Davies, Janice Gregory, Alison Halford, Ann Jones, Lynne Neagle, Dafydd Wigley, Kirsty Williams.

Swyddogion yn bresennol: Gillian Body, Swyddfa Archwilio Genedlaethol Cymru; Syr John Bourn, Archwilydd Cyffredinol Cymru; Dave Powell, Swyddog Cydymffurfio Cynulliad Cenedlaethol Cymru.

Tystion: David Edwards, Prif Weithredwr, Ymddiriedolaeth GIG Caerdydd a'r Fro; Susan Hobbs, Prif Nyrs, Ymddiriedolaeth GIG Caerdydd a'r Fro; Hilary Peplar, Prif Weithredwr Ymddiriedolaeth GIG Gogledd Ddwyrain Cymru; Julie Parry, Pennaeth Rheoli Risg Ymddiriedolaeth GIG Gogledd Ddwyrain Cymru.

Assembly Members present: Janet Davies (Chair), Alun Cairns, Jocelyn Davies, Janice Gregory, Alison Halford, Ann Jones, Lynne Neagle, Dafydd Wigley, Kirsty Williams.

Officials present: Gillian Body, National Audit Office Wales; Sir John Bourn, Auditor General for Wales; Dave Powell, Compliance Officer of the National Assembly for Wales.

Witnesses: David Edwards, Chief Executive, Cardiff and Vale NHS Trust; Susan Hobbs, Chief Nurse, Cardiff and Vale NHS Trust; Hilary Peplar, Chief Executive, North East Wales NHS Trust; Julie Parry, Head of Risk Management, North East Wales NHS Trust.

Dechreuodd y cyfarfod am 1.57 p.m.
The meeting began at 1.57 p.m.

[91] **Janet Davies:** Good afternoon. I welcome everybody to this hearing of the Audit Committee. The purpose of the meeting is to take evidence in connection with the National Audit Office report for the Auditor General for Wales, *Clinical Negligence in the NHS in Wales*.

We heard evidence on this last month, no, sorry on 8 March—we are into May by this time, are we not?—from the director of NHS Wales and others with Assembly-wide responsibilities regarding clinical negligence. Today we are looking forward to hearing from representatives of two of Wales's national health service trusts. The Committee hopes that, by hearing from you and the trusts, it can gain a perspective from those who are responsible for managing clinical negligence on the ground, and a sense of the day-to-day issues that confront you in the trusts.

Janice Gregory is substituting for Peter Law, who is not missing for any voluntary reason, but because he was previously a Member of the Cabinet and is therefore now excluded, unfortunately, from most of the Committee meetings.
I ask the witnesses to please introduce themselves.

Ms Parry: I am Julie Parry, head of risk management, North East Wales NHS Trust.

[91] **Janet Davies:** Prynhawn da. Croeso i bawb i'r eisteddiad hwn o'r Pwyllgor Archwilio. Pwrpas y cyfarfod yw derbyn tystiolaeth mewn perthynas ag adroddiad y Swyddfa Archwilio Genedlaethol i Archwilydd Cyffredinol Cymru, *Esgeulustod Clinigol yn y GIG yng Nghymru.*

Clywsom dystiolaeth ar hyn y mis diwethaf, na, mae'n ddrwg gennyf, ar 8 Mawrth—mae'n fis Mai arnom erbyn hyn, onid ydyw?—gan gyfarwyddwr NHS Cymru ac eraill â chyfrifoldebau ar draws y Cynulliad parthed esgeulustod clinigol. Heddiw yr ydym yn edrych ymlaen at glywed oddi wrth gynrychiolwyr dwy o ymddiriedolaethau gwasanaeth iechyd gwladol Cymru. Gobaith y Pwyllgor yw y gall, drwy wrando arnoch chi a'r ymddiriedolaethau, gael safbwynt gan y rheini sydd yn gyfrifol am reoli esgeulustod clinigol ar y llawr, ac ymdeimlad o'r materion dydd-i-ddydd sydd yn eich wynebu chi yn yr ymddiriedolaethau.

Mae Janet Gregory yma yn lle Peter Law, sydd yn absennol nid am unrhyw reswm gwirfoddol, ond oherwydd iddo fod yn Aelod o'r Cabinet o'r blaen, a'i fod felly wedi'i gau allan, ysywaeth, o'r rhan fwyaf o gyfarfodydd y Pwyllgor.

Gofynnaf i'r tystion gyflwyno'u hunain, os gwelwch yn dda.

Ms Parry: Julie Parry wyf fi, pennaeth rheoli risg, Ymddiriedolaeth GIG Gogledd Ddwyrain Cymru.

Ms Peplar: I am Hilary Peplar, chief executive, North East Wales Trust.

Mr Edwards: I am David Edwards, chief executive of Cardiff and Vale NHS Trust.

Ms Hobbs: I am Susan Hobbs, chief nurse, Cardiff and Vale NHS Trust.

[92] **Janet Davies:** Thank you. The Assembly is a bilingual institution, so you may speak in Welsh or English as you wish. Translation equipment is available.

The format is that we go through a series of questions. I will ask some, and Members will come in at certain sections. They may like to ask supplementary questions at some time. I will permit that to the best of my ability, time allowing. However, I do not intend the meeting to run over 5.30 p.m.

I will now ask the first question. I address it to both trusts, but perhaps the North East Wales Trust would like to answer first. I will start by setting out where we have reached in our consideration of the important matter of clinical negligence. Following the Auditor General's report in early March, we took evidence, as I have already said. This session now gives the Committee the opportunity to gain your perspective, because you have responsibility at the sharp end within trusts for managing clinical negligence.

Will you give us a sense of the priority that you accord clinical negligence, and what steps, if any, you are taking to manage the problem?

Ms Peplar: It has a very high priority within the trust, although I must confess that that comes and goes throughout the year at different times because there are a range of competing priorities. So, there are particular times when a lot of attention is paid to it. In general terms, I think that over the past three to five years, the whole issue of clinical negligence has risen in the minds of chief executives and then taken a much stronger position in our thinking. I think that we have spent a lot of time actually looking at the ways in which we monitor what we are doing throughout the organisation and at how we connect what we do in different parts of the organisation and ensure that what we learn in one part is actually put into practice in another part. There is a constant dialogue around what we are picking up and learning with regard to clinical negligence.

Ms Peplar: Hilary Peplar wyf fi, prif weithredwr Ymddiriedolaeth GIG Gogledd Ddwyrain Cymru.

Mr Edwards: David Edwards wyf fi, prif weithredwr Ymddiriedolaeth GIG Caerdydd a'r Fro.

Ms Hobbs: Susan Hobbs wyf fi, prif nyrs, Ymddiriedolaeth GIG Caerdydd a'r Fro.

[92] **Janet Davies:** Diolch. Sefydliad dwyieithog yw'r Cynulliad, felly cewch siarad yn Gymraeg neu Saesneg fel y mynnwch. Mae offer cyfieithu ar gael.

Y patrwm yw y byddwn yn mynd drwy gyfres o gwestiynau. Byddaf fi'n gofyn rhai, a bydd Aelodau'n dod i mewn yma ac acw. Efallai y dymunant ofyn cwestiynau atodol ar ryw adeg. Caniatâf hynny hyd y medraf, os bydd amser yn caniatáu. Fodd bynnag, ni fwriadaf i'r cyfarfod redeg yn hwyrach na 5.30 p.m.

Gofynnaf y cwestiwn cyntaf yn awr. Fe'i cyfeiriaf at y ddwy ymddiriedolaeth, ond efallai yr hoffai Ymddiriedolaeth Gogledd Ddwyrain Cymru ateb gyntaf. Dechreuaf drwy amlinellu ble yr ydym wedi cyrraedd wrth ystyried mater pwysig esgeulustod clinigol. Yn dilyn adroddiad yr Archwilydd Cyffredinol ddechrau mis Mawrth, cymerasom dystiolaeth, fel y dywedais eisoes. Mae'r sesiwn hon yn awr yn rhoi cyfle i'r Pwyllgor gael eich safbwynt chi, oherwydd mae gennych chi gyfrifoldeb yn y rheng flaen o fewn ymddiriedolaethau am reoli esgeulustod clinigol.

A rowch chi syniad inni o'r flaenoriaeth a roddwch i esgeulustod clinigol, a pha gamau, os o gwbl, yr ydych yn eu cymryd i reoli'r broblem?

Ms Peplar: Rhoddir blaenoriaeth uchel iawn iddo o fewn yr ymddiriedolaeth, er bod yn rhaid imi gyfaddef fod hynny'n mynd a dod drwy gydol y flwyddyn ar wahanol adegau oherwydd mae gennym amrediad o flaenoriaethau sydd yn cystadlu. Felly, mae rhai adegau arbennig pryd y rhoddir llawer o sylw iddo. Yn gyffredinol, dros y tair i bum mlynedd diwethaf, credaf fod holl gwestiwn esgeulustod clinigol wedi codi ym meddyliau prif weithredwyr ac wedi cymryd safle llawer cryfach yn ein meddwl. Credaf ein bod wedi treulio llawer o amser yn edrych go iawn ar y ffyrdd yr ydym yn monitro'r hyn a wnawn drwy'r sefydliad cyfan ac ar sut yr ydym yn cysylltu'r hyn a wnawn mewn gwahanol rannau o'r sefydliad ac yn sicrhau y caiff yr hyn a ddysgwn mewn un rhan ei droi'n ymarfer mewn rhan arall. Ceir deialog cyson ynghylch yr hyn yr ydym yn ei godi a'i ddysgu parthed esgeulustod clinigol.

I think, too, that the systems have developed and become more sophisticated. For example, as new information systems have become available, we have tried to use those and put them in, with varying effectiveness in different places. My sense is that throughout the community within the NHS, it has moved from being something that people saw as a bit of a pest to something that they really do consider to be quite vital. I think too, that a lot of staff have moved from feeling 'is this Big Brother watching over me all the time?', to a sense of understanding how it contributes to what people experience in the health service and to what they can learn. So I think that it has become a much more positive part of what we are doing.

Yr wyf yn meddwl, hefyd, fod y systemau wedi datblygu ac wedi mynd yn fwy soffistigedig. Er enghraifft, wrth i systemau gwybodaeth newydd ddod ar gael, yr ydym wedi ceisio'u defnyddio a'u rhoi i mewn, gydag effeithiolrwydd amrywiol mewn gwahanol fannau. Fy nheimlad i yw fod hyn, drwy'r gymuned gyfan o fewn yr NHS, wedi symud o fod yn rhywbeth yr oedd pobl yn ei weld fel tipyn o boen i fod yn rhywbeth y maent yn ystyried o ddifrif ei fod yn eithaf hanfodol. Yr wyf yn meddwl, hefyd, fod llawer o staff wedi symud o deimlo 'a yw'r Brawd Mawr yma'n gwylio drosof fi drwy'r amser?' i ymdeimlad o ddeall sut y mae'n cyfrannu at yr hyn y mae pobl yn ei brofi yn y gwasanaeth iechyd ac i'r hyn y gallant hwy ei ddysgu. Felly credaf ei fod wedi mynd yn rhan lawer mwy positif o'r hyn yr ydym yn ei wneud.

[93] **Janet Davies:** Thank you. I invite the Cardiff and Vale NHS Trust to answer.

[93] **Janet Davies:** Diolch. Gwahoddaf Ymddiriedolaeth GIG Caerdydd a'r Fro i ateb.

Mr Edwards: To give our perspective, and add to that, and agree with what Hilary was saying, it is a very high priority for Cardiff and Vale NHS Trust, and has been for some time, although the trust has only recently come into being in the last 12 months. It has been a high priority. I do not know whether Members have had a copy of the supplementary paper that we made available to you. I think that it sets out some of the fairly innovative things being done to try to minimise risk and minimise the potential cost associated with clinical negligence. Clearly, what we need to do is to maximise the amount of funding that is available for patient care. Every £1 spent in meeting a legitimate claim is £1 that is not available for direct patient care. So it is a very high priority.

Mr Edwards: I roi'n safbwynt ni, ac ychwanegu at hynny, a chytuno â'r hyn a ddywedodd Hilary, mae'n flaenoriaeth uchel iawn i Ymddiriedolaeth GIG Caerdydd a'r Fro, a hynny ers tro, er mai dim ond yn y 12 mis diwethaf y daeth yr ymddiriedolaeth i fodolaeth. Bu'n flaenoriaeth uchel. Ni wn a yw Aelodau wedi cael copi o'r papur atodol a ddarparwyd gennym ichi. Yr wyf yn meddwl bod hwnnw'n amlinellu rhai o'r pethau eithaf arloesol sydd yn cael eu gwneud i geisio lleihau risg a lleihau'r gost botensial sydd yn gysylltiedig ag esgeulustod clinigol. Yn amlwg, yr hyn y mae angen inni ei wneud yw cynyddu i'r eithaf faint o arian sydd ar gael ar gyfer gofal cleifion. Mae pob punt a werir ar ateb hawliad cyfreithlon yn bunt nad yw ar gael ar gyfer gofal uniongyrchol i gleifion. Mae'n flaenoriaeth uchel iawn felly.

[94] **Janet Davies:** Thank you. Trusts have had a reconfiguration over the last two years, and that must have been an added management burden. Did the reconfiguration have an impact on your ability to deal with clinical negligence effectively, to handle claims better, and to reduce the incidence of negligence? Mr Edwards, would you like to reply first?

[94] **Janet Davies:** Diolch. Cafodd ymddiriedolaethau eu hailgyflunio yn y ddwy flynedd diwethaf, a bu hynny'n faich ychwanegol, mae'n rhaid. A effeithiodd yr ailgyflunio ar eich gallu i ddelio ag esgeulustod clinigol yn effeithiol, i ymdrin â hawliadau'n well, ac i leihau nifer yr achosion o esgeulustod? Mr Edwards, a hoffech chi ateb gyntaf?

Mr Edwards: I think that the various mergers and reconfigurations have been an opportunity. We have been able to rationalise the procedures and processes in the former trusts. So, for example, we think that there is about £40,000 that we can still save, directly as a result of reconfiguration, simply on the administration of the system within the trust. I know that that is relatively small in terms of

Mr Edwards: Yr wyf o'r farn fod yr amryfal gyfuniadau ac ailgyfluniadau wedi bod yn gyfle. Yr ydym wedi gallu rhesymoli'r gweithdrefnau a phrosesau yn yr hen ymddiriedolaethau. Felly, er enghraifft, credwn fod rhyw £40,000 y gallwn ei arbed o hyd, yn uniongyrchol o ganlyniad i'r ailgyflunio, yn syml ar weinyddiad y system o fewn yr ymddiriedolaeth. Gwn mai swm cymharol

the total sums spent on negligence. However, it is a small example of where reconfiguration is an opportunity, and it allows us, I think, to raise the standards within the trust to those that we regard as the best within our organisation. I do not think that it is also a situation that has allowed us to take our eye off the ball because, although we are talking about negligence here, we are talking about trying to reduce the incidence of negligence. Clinical governance is a very big issue in the national health service, and remains with us as a trust board. I had that particular responsibility, which I have delegated to Susan Hobbs as the Chief Nurse, so it is within the board itself and is never very far from our thoughts.

fach yw hynny yn nhermau'r cyfansymiau a werir ar esgeulustod. Fodd bynnag, mae'n enghraifft fach o fan lle mae ailgyflunio'n gyfle, ac mae'n caniatáu inni, mi gredaf, godi'r safonau o fewn yr ymddiriedolaeth i fod yr hyn a ystyriwn yn orau o fewn ein sefydliad. Nid wyf yn meddwl ei bod hefyd yn sefyllfa sydd wedi caniatáu inni dynnu'n llygad oddi ar y bêl, oherwydd, er ein bod yn sôn am esgeulustod yma, sôn yr ydym am geisio lleihau achosion o esgeulustod. Mae llywodraethu clinigol yn bwnc mawr iawn yn y gwasanaeth iechyd gwladol, ac mae'n aros gyda ni fel bwrdd ymddiriedolaeth. Cefais i'r cyfrifoldeb arbennig hwnnw, yr wyf wedi'i ddirprwyo i Susan Hobbs y Brif Nyrs, felly mae'r mater o fewn y bwrdd ei hun ac nid yw byth ymhell iawn o'n meddyliau.

Ms Peplar: As far as I understand it, because I was not there when the trust was created, the sense that I have is that there were not any particular problems relating to the merger, except perhaps the timing of it. I think that there has been a lot of learning from the two different parts of the organisation that now make up one trust. I think that it has also raised the profile of risk management in those parts of the trust where perhaps there was not the emphasis that there should have been. I think that the merger has been very beneficial for that aspect.

Ms Peplar: Yn ôl a ddeallaf fi, oherwydd nid oeddwn yno pan grëwyd yr ymddiriedolaeth, y teimlad a gaf fi yw nad oedd unrhyw broblemau arbennig cysylltiedig â'r uno, ac eithrio efallai ei amseriad. Yr wyf yn meddwl bod llawer wedi ei ddysgu gan y ddwy ran wahanol o'r sefydliad sydd erbyn hyn yn ffurfio un ymddiriedolaeth. Credaf ei fod hefyd wedi codi proffil rheoli risg yn y rhannau hynny o'r ymddiriedolaeth lle efallai nad oedd gymaint o bwyslais ag y dylasai fod. Yr wyf yn meddwl bod yr uno wedi bod yn fuddiol iawn o'r safbwynt hwnnw.

[95] **Dafydd Wigley:** Hoffwn ystyried y cynnydd o ran costau esgeulustod clinigol. Mae adroddiad Archwilydd Cyffredinol Cymru yn cyfeirio at y ffaith fod costau esgeulustod clinigol heddiw bedair gwaith yn uwch nag yr oedd yn 1996. I ba ffactorau y byddech yn priodoli'r cynnydd yn ystod y pum mlynedd diwethaf?

[95] **Dafydd Wigley:** I would like to consider the increase in the cost of clinical negligence. The report of the Auditor General for Wales refers to the fact that the cost of clinical negligence is four times higher than it was in 1996. To what factors would you attribute the increase during the past five years?

Ms Peplar: If one reads the newspapers or listens to the radio, they are attributing it to a whole range of things, and I think it is very definitely extraordinarily multi-factorial. I think that the context in which we operate in society is very different indeed, and I think that people are more aware of being able to apply for damages. There are adverts on television and I think that people seem to see themselves being encouraged into picking up opportunities. I think that we are, in the health service, far more open about what we do well and what we do not do so well, and we are trying to engage in far more of a dialogue with people with whom we work so that we can have a better discussion. However, as I say, within the social context that we operate, people will respond and react in particular ways and they are encouraged at the moment to hurtle forth into legal action at the slightest move.

Ms Peplar: O ddarllen y papurau newydd neu wrando ar y radio, maent yn ei briodoli i lu o bethau, ac yr wyf yn meddwl ei fod yn bendant iawn yn hynod o aml-ffactorol. Credaf fod y cyd-destun yr ydym ni'n gweithio ynddo mewn cymdeithas yn dra gwahanol wir, a chredaf fod pobl yn fwy ymwybodol o allu gwneud cais am iawndal. Ceir hysbysebion ar y teledu ac yr wyf yn meddwl fod pobl fel pe baent yn cael eu hannog i fanteisio ar gyfleoedd. Credaf ein bod, yn y gwasanaeth iechyd, yn llawer mwy agored ynghylch yr hyn yr ydym yn ei wneud yn dda a'r hyn nad ydym yn ei wneud cystal, ac yr ydym yn ceisio creu llawer mwy o ddeialog gyda phobl yr ydym yn gweithio â hwy fel y gallwn gael gwell trafodaeth. Fodd bynnag, fel y dywedais, o fewn y cyd-destun cymdeithasol yr ydym yn gweithio ynddo, bydd pobl yn ymateb ac yn adweithio mewn ffyrdd arbennig ac maent yn cael eu hannog ar hyn o bryd i ruthro i weithredu'n gyfreithiol ar

yr ysgogiad lleiaf.

Mr Edwards: I think that when the Woolf reforms were introduced we were told that there was likely to be a major increase in the amount of money that would have to be spent in this area and I think that that has come true. I think that individual settlements are higher, and we have managed to get rid of some of the—if I dare call them such—vexatious claims. However, those that come forward now are well worked up, with a smaller number of solicitor firms. So I think that the Woolf reforms are one of the issues. I think that the second issue, to add to the points that Hilary just made, is that service pressure is not less and there is increasing pressure on the service, despite the welcome investment from the Assembly. I think that that is an issue. I think that those are two very key factors.

Mr Edwards: Credaf pan gyflwynwyd diwygiadau Woolf y dywedwyd wrthym ei bod yn debygol y byddai cynnydd mawr yn yr arian y byddai'n rhaid ei wario yn y maes hwn ac yr wyf yn meddwl fod hynny wedi dod yn wir. Credaf fod symiau iawndal unigol yn uwch, ac yr ydym wedi llwyddo i gael gwared ar rai o'r—os meiddiaf eu galw felly—hawliadau blinderus. Fodd bynnag, mae'r rheini a ddaw ymlaen erbyn hyn wedi'u paratoi'n dda, gyda nifer lai o gwmnïau cyfreithwyr. Felly mae diwygiadau Woolf yn un o'r materion, dybiwn i. Credaf mai'r ail fater, ag ychwanegu at y pwyntiau a wnaeth Hilary yn awr, yw nad yw'r pwysau gwasanaeth yn llai a bod pwysau cynyddol ar y gwasanaeth, er gwaethaf y buddsoddiad derbyniol iawn gan y Cynulliad. Credaf fod hynny'n fater. Mae'r rheini'n ddau ffactor allweddol iawn, dybiwn i.

[96] **Dafydd Wigley:** Yr ydych, mae'n amlwg, yn ymwybodol o'r tueddiadau cyffredinol a byddwch yn gyfarwydd â pharagraffau 2.20 a 2.21 ynglyn â'r costau cynyddol. I ba raddau y byddech yn dweud fod y patrwm o fewn eich ymddiriedolaethau yn cydredeg â'r patrwm cenedlaethol a ddisgrifir yn yr adroddiad hwn—hynny yw, y cynnydd o bedair gwaith? Ai eich profiad chi yw fod eich patrwm yn debyg iawn i hynny, neu a ydyw'n well neu'n waeth? Beth fyddech chi'n ei ddweud? A yw'n debyg?

[96] **Dafydd Wigley:** You are obviously aware of the general trends and you will be familiar with paragraphs 2.20 and 2.21, which relate to the increasing costs. To what extent would you say that the pattern within your trusts coincides with the national pattern that is described in this report—that is, the fourfold increase? Is it your experience that your pattern is very similar to that, or is it better or worse? What would you say? Is it similar?

Ms Peplar: It is very similar in North East Wales NHS Trust; very similar indeed. I think that it is quite interesting to note, in terms of the expenditure—I have been just looking at the last few months—that, in fact, about a third goes into the costs of it and only about two-thirds actually goes into payments. However, it has risen in more or less the same way over the last three to five years.

Ms Peplar: Y mae'n debyg iawn yn Ymddiriedolaeth GIG Gogledd Ddwyrain Cymru, yn debyg iawn iawn. Credaf ei bod yn eithaf diddorol nodi, yn nhermau'r gwariant—dim ond ar yr ychydig fisoedd diwethaf y bûm yn edrych—fod oddeutu un rhan o dair o'r arian, mewn gwirionedd, yn mynd i dalu costau'r peth a dim ond dwy ran o dair yn mynd i'r taliadau eu hunain. Fodd bynnag, y mae wedi codi fwy neu lai yr un modd dros y tair i bum mlynedd diwethaf.

[97] **Dafydd Wigley:** A gaf ofyn ichi ar gefn hynny, cyn troi at Mr Edwards, yn eich profiad chi, a yw'r costau esgeulustod clinigol yn debyg o barhau i godi yn ôl y patrwm hwn o fewn eich ardal chi?

[97] **Dafydd Wigley:** May I ask you, on the back of that, before turning to Mr Edwards, in your own experience, are the clinical negligence costs likely to continue to increase according to this pattern in your area?

Ms Peplar: I think that we are likely to see a bit more of an increase, as David has said, following on from the Woolf report, over the next few years. However, I think that it should then even out. We are still waiting to see how many more claims are coming through the health authorities, which may be fairly ancient claims that are now beginning to come out of the woodwork. We have had, I think,

Ms Peplar: Yr wyf yn meddwl ein bod yn debygol o weld ychydig mwy o gynnydd, fel y dywedodd David, yn dilyn oddi ar adroddiad Woolf, dros yr ychydig flynyddoedd nesaf. Fodd bynnag, credaf y dylai lefelu wedyn. Yr ydym yn dal i aros i weld faint yn rhagor o hawliadau a ddaw drwy'r awdurdodau iechyd, a all fod yn hawliadau eithaf hynafol sydd bellach yn dechrau ymddangos o'r

nine more in the last year that have suddenly come out and those are all pretty hefty ones.

pren. Cawsom, mi gredaf, naw yn fwy yn y flwyddyn ddiwethaf a ymddangosodd yn sydyn, a'r rheini i gyd yn rhai eithaf swmpus.

[98] **Dafydd Wigley:** A, hyd y gwyddoch, mae'r hen achosion hynny wedi dod i'r amlwg—nid oes llawer o'r golwg yn dal i ddisgwyl i ddod?

[98] **Dafydd Wigley:** And, as far as you are aware, those old cases have come to the fore—not many remain hidden and waiting to come forward?

Ms Peplar: No.

Ms Peplar: Nac oes.

[99] **Dafydd Wigley:** A gaf droi at Mr Edwards gyda'r un cwestiynau? A ydych yn adlewyrchu'r patrwm cenedlaethol, neu a ydych yn wahanol iddo? I ba raddau mae'r patrwm yn debyg o barhau?

[99] **Dafydd Wigley:** May I turn to Mr Edwards with the same questions? Are you reflecting the national pattern, or do you differ from it? To what extent is the pattern likely to continue?

Mr Edwards: I think that the pattern is likely to continue. Of course, we are providing many very specialist services for Wales in a complex service, and some of the services like neurosurgery and very high risk obstetrics are very much with us. So I think that the risks are greater. We must therefore do what we can to minimise those risks. We have put that in place. However, if you look at the figures for Cardiff and Vale NHS Trust, the actual cash payments were just over £1 million in 1999-2000, rising from what they were in 1998-99. So I think that the trend that we are seeing in the overall report will be repeated in Cardiff and Vale NHS Trust, though not so much in the number of claims. However, certainly in terms of the cost, I think that they will increase.

Mr Edwards: Yr wyf yn meddwl fod y patrwm yn debygol o barhau. Wrth gwrs, yr ydym yn darparu llawer o wasanaethau arbenigol iawn i Gymru mewn gwasanaeth cymhleth, ac mae rhai o'r gwasanaethau fel llawdriniaeth nerfol ac obstetreg risg uchel yma i aros. Felly mae'r risgiau'n fwy, dybiwn i. Rhaid inni wneud yr hyn a allwn, felly, i leihau'r risgiau hynny. Yr ydym wedi rhoi hynny ar waith. Fodd bynnag, os edrychwch ar ffigurau Ymddiriedolaeth GIG Caerdydd a'r Fro, ychydig dros £1 filiwn oedd y taliadau arian gwirioneddol yn 1999-2000, yn codi o'r hyn oeddent yn 1998-99. Felly yr wyf o'r farn y caiff y duedd a welwn yn yr adroddiad cyffredinol ei hailadrodd yn Ymddiriedolaeth GIG Caerdydd a'r Fro, er nad yn gymaint yn nifer yr hawliadau. Fodd bynnag, yn sicr yn nhermau'r gost, credaf mai cynyddu a wnânt.

[100] **Dafydd Wigley:** A fyddech chi'n dweud fod gennych nifer o hen achosion sydd yn dal i ddod i'r amlwg, neu a ydych yn dechrau cyrraedd rhyw lefel gyda'r rheini hefyd?

[100] **Dafydd Wigley:** Would you say that you have many old cases waiting to come to the fore, or are you starting to reach some level with those as well?

Mr Edwards: Those old cases have come to the fore, but they are still around. That is not complete yet.

Mr Edwards: Mae'r hen achosion hynny wedi dod i'r amlwg, ond maent yma o hyd. Nid yw hynny wedi'i gwblhau eto.

[101] **Dafydd Wigley:** O diar. Yn olaf, trof yn benodol at Ms Peplar. Deallaf fod y darpariaethau ariannol a wnaethpwyd gan eich ymddiriedolaeth o ran esgeulustod clinigol wedi codi'n sylweddol rhwng Mawrth 1999 a Mawrth 2000—cynnydd o dros 50 y cant, o £2.5 miliwn i dros £4.2 miliwn. Gallai hynny fod, wrth gwrs, o ganlyniad i gymhlethdodau yn deillio o'r broses gyfuno yn rhannol. A allwch roi unrhyw oleuni pellach inni am y rhesymau dros y cynnydd arbennig o uchel yn y cyfnod hwnnw?

[101] **Dafydd Wigley:** Oh dear. Finally, I turn specifically to Ms Peplar. I understand that the financial provisions made by your trust in terms of clinical negligence increased significantly between March 1999 and March 2000—an increase of over 50 per cent, from £2.5 million to over £4.2 million. Of course, that could be as a result in part of problems arising from the merger process. Can you shed any further light for us on the reasons for the extremely high increase during that period?

Ms Peplar: I think that it is almost entirely to do with the merger, as I understand it historically. I do

Ms Peplar: Yr wyf yn meddwl fod a wnelo'r peth bron yn gyfangwbl â'r uno, fel y deallaf fi'r mater

not think that there has been a significant increase or change in the number of claims coming through over that three to four year period. My understanding, historically, is that it is related to that.

yn hanesyddol. Nid wyf yn meddwl bod cynnydd na newid arwyddocaol wedi bod yn nifer yr hawliadau a ddaeth drwodd yn ystod y cyfnod tair i bedair blynedd hwnnw. Fy nealltwriaeth i, yn hanesyddol, yw ei fod yn gysylltiedig â hynny.

[102] **Janet Davies:** Jocelyn, would you like to come in on this? I will then call Alison.

[102] **Janet Davies:** Jocelyn, a hoffech chi ddod i mewn ar hyn? Wedyn byddaf yn galw ar Alison.

[103] **Jocelyn Davies:** Ms Peplar, you described this increase as being due to the fact that the patients have more 'opportunities'. However, I think that we must acknowledge that a patient cannot bring a case unless he or she has suffered damage due to someone's negligence—not by someone's mistake; the patient must prove that the damage is due to negligence. Obviously, it is not entirely due to the fact that people have woken up to the fact that they have the right. There must be an acknowledgement of the negligence that exists.

[103] **Jocelyn Davies:** Ms Peplar, disgrifiasoch y cynnydd hwn fel un a ddigwyddodd oherwydd y ffaith y caiff y cleifion fwy o 'gyfleoedd'. Fodd bynnag, yr wyf yn meddwl fod yn rhaid inni gydnabod na all claf ddwyn achos oni bai ei fod neu ei bod wedi dioddef niwed oherwydd esgeulustod rhywun—nid oherwydd camgymeriad; mae'n rhaid i'r claf brofi fod y niwed yn ganlyniad esgeulustod. Yn amlwg, nid yw hyn i'w briodoli'n gyfangwbl i'r ffaith fod pobl wedi deffro i'r ffaith fod yr hawl ganddynt. Rhaid cydnabod yr esgeulustod sydd yn bodoli.

Ms Peplar: I think that that is right to some extent, but I think that there has genuinely been an issue of people actually becoming clearer about where negligence has taken place. I think that there has often been negligence and people have not been aware of that. I think that, now that we are discussing things much more and there is far more openness within the health service, that has changed considerably.

Ms Peplar: Credaf fod hynny'n gywir i ryw raddau, ond credaf fod pobl yn wirioneddol wedi dod yn fwy ymwybodol ynghylch achosion lle bu esgeulustod. Credaf fod esgeulustod wedi digwydd yn aml ac nad oedd pobl yn ymwybodol o hynny. Credaf, gan ein bod bellach yn trafod llawer mwy ar bethau a bod pethau'n llawer mwy agored o fewn y gwasanaeth iechyd, fod hynny wedi newid yn sylweddol.

[104] **Jocelyn Davies:** Yes, but the patient only has an 'opportunity' if he or she has suffered damage due to someone's negligence. Is that not only right?

[104] **Jocelyn Davies:** Do, ond dim ond os yw'r claf wedi dioddef niwed oherwydd esgeulustod rhywun y caiff 'gyfle'. Onid dim ond iawn yw hynny?

Ms Peplar: Yes.

Ms Peplar: Ie.

[105] **Janet Davies:** Alison wants to come in on this.

[105] **Janet Davies:** Mae ar Alison eisiau dod i mewn ar hyn.

[106] **Alison Halford:** My question is also directed at you, Hilary. Hilary Peplar and I have drunk tea together, so I will not be in too attacking a mode this afternoon—not that I ever am, of course.

[106] **Alison Halford:** I chi y mae fy nghwestiwn i hefyd, Hilary. Mae Hilary Peplar a mi wedi cyd-yfed te, felly ni fyddaf yn rhy ymosodol y prynhawn yma—nid fy mod i fyth, wrth gwrs.

I must take issue with you when you say that nine more claims 'came out of the woodwork' from last year. Does that not fly in the face of the fact that risk management assessment has been going on for some time? Therefore, have I misunderstood you? Why is it that nine claims could suddenly arrive from nowhere?

Rhaid imi ddadlau â chi pan ddywedwch y daeth naw hawliad arall 'allan o'r pren' ers y llynedd. Onid yw hynny'n mynd yn gwbl groes i'r ffaith fod asesiadau rheoli risg yn digwydd ers tro? Felly, a ydwyf fi wedi'ch camddeall chi? Pam y gallai naw hawliad fod wedi ymddangos yn sydyn o unlle?

Ms Peplar: These are nine claims that have come up via the health authority. That means that they actually go back some considerable time. They are

Ms Peplar: Naw hawliad yw'r rhain a gododd drwy'r awdurdod iechyd. Mae hynny'n golygu eu bod yn mynd yn ôl gryn amser mewn gwirionedd.

being dealt with by the health authority, because it was the organisation that had responsibility before the new trust existed. So they have been around for some time; people just have not brought them through the system.

[107] **Alison Halford:** Therefore, you have inherited problems within the health authority?

Ms Peplar: We are working with the health authority. The health authority has the responsibility for dealing with the claims. If you break down the complaints that relate to either the current trust or its predecessor or some part of it before, then those that took place before a particular date will be dealt with via the host health authority, as a responsible area. However, of course, we will work in partnership with it, because we will probably have the records and so on. The claims may go back several years, so the staff may not be around. However, it is an issue of actually looking to the records that we would have.

[108] **Alison Halford:** So it is not a question of the health authority and the health trust not speaking to each other?

Ms Peplar: Not at all, no.

[109] **Alison Halford:** Right. Are you sure about that?

Ms Peplar: On that one, yes. I think that we work well together.

[110] **Janet Davies:** Could we turn to part three of the report, and begin with the issue of management information? The Auditor General has highlighted an apparent lack of even basic management information on clinical negligence claims at both the trusts and at the Assembly. Do you agree that better information on the subject, such as the causes of negligence, is a prerequisite to the effective management of clinical negligence? Perhaps you would like to start, Mr Edwards.

Mr Edwards: I am more than happy to pick that up. If I think about the specifics in relation to Cardiff and Vale NHS Trust first, we have had a computerised database on our claims history since before 1997. The issue that faces us now is to try to bring together the claims history, the complaints history and the critical incidents history, so that we pull all that together—because they are inter-related—if we are going to learn

Yr awdurdod iechyd sydd yn delio â hwy, oherwydd mai ef oedd y corff a oedd â chyfrifoldeb cyn i'r ymddiriedolaeth newydd fodoli. Felly mae'n rhaid eu bod o gwmpas ers tro; dim ond fod pobl heb ddod â hwy drwy'r system.

[107] **Alison Halford:** Yr ydych wedi etifeddu problemau o fewn yr awdurdod iechyd, felly?

Ms Peplar: Yr ydym yn gweithio gyda'r awdurdod iechyd. Gan yr awdurdod iechyd y mae'r cyfrifoldeb am ddelio â'r hawliadau. Os dadansoddwch yr hawliadau sydd yn ymwneud â naill ai'r ymddiriedolaeth gyfredol neu ei rhagflaenydd neu ryw ran ohono yn flaenorol, yna byddir yn delio â'r rheini a ddigwyddodd cyn dyddiad penodol drwy'r awdurdod iechyd perthnasol, fel man cyfrifol. Fodd bynnag, wrth reswm, byddwn ni'n cydweithio ag ef mewn partneriaeth, oherwydd mae'n debyg mai gennym ni y bydd y cofnodion ac ati. Gall yr hawliadau fynd yn ôl flynyddoedd lawer, felly efallai na fydd y staff o gwmpas. Fodd bynnag, mater ydyw o edrych ar y cofnodion a fyddai gennym.

[108] **Alison Halford:** Felly nid mater nad yw'r awdurdod iechyd a'r ymddiriedolaeth iechyd yn siarad â'i gilydd ydyw?

Ms Peplar: Ddim o gwbl, na.

[109] **Alison Halford:** Iawn. A ydych yn siŵr am hynny?

Ms Peplar: Ar hynny, ydwyf. Yr wyf fi'n meddwl ein bod yn gweithio'n dda gyda'n gilydd.

[110] **Janet Davies:** A gawn ni droi at ran tri yr adroddiad, a dechrau gyda mater gwybodaeth reoli? Mae'r Archwilydd Cyffredinol wedi tynnu sylw at ddiffyg ymddangosiadol gwybodaeth reoli sylfaenol, hyd yn oed, ar hawliadau am esgeulustod clinigol yn yr ymddiriedolaethau ac yn y Cynulliad. A ydych yn cytuno bod gwell gwybodaeth ar y pwnc, megis y ffactorau wrth wraidd esgeulustod, yn anhepgor i reolaeth effeithiol ar esgeulustod clinigol? Efallai yr hoffech chi ddechrau, Mr Edwards.

Mr Edwards: Yr wyf yn fwy na bodlon i ateb y pwynt hwnnw. Os meddyliaf am y manylion mewn perthynas ag Ymddiriedolaeth GIG Caerdydd a'r Fro yn gyntaf, mae gennym gronfa ddata gyfrifiadurol ar ein hanes gyda hawliadau er cyn 1997. Y mater sydd yn ein hwynebu yn awr yw ceisio dod â'r hanes hawliadau, yr hanes cwynion a'r hanes digwyddiadau critigol ynghyd, fel ein bod yn tynnu hynny i gyd ynghyd—oherwydd

from any mistakes we make, put them right and improve our clinical performance.

mae cydberthynas rhyngddynt—os ydym am ddysgu o unrhyw gamgymeriadau a wnawn, eu cywiro a gwella'n perfformiad clinigol.

There is a system called SAFECODE. Both trusts are actually looking to implement that at the moment. I would like to think that we might be able to do something along those lines for Wales as a whole, because SAFECODE is a system invented in the NHS for the NHS. It is not an external system or simply a financial system. Therefore, I think that I want to leave you with that point about inter-relationship. I think that that is important.

Mae system o'r enw SAFECODE. Mae'r ddwy ymddiriedolaeth wrthi ar hyn o bryd yn ystyried gweithredu honno. Hoffwn feddwl y gallem wneud rhywbeth ar y llinellau hynny i Gymru gyfan, gan fod SAFECODE yn system a ddyfeisiwyd yn yr NHS i'r NHS. Nid system allanol mohoni, na system ariannol yn unig. Felly, yr wyf yn meddwl yr hoffwn eich gadael gyda'r pwynt hwnnw am gydberthynas. Credaf fod hynny'n bwysig.

The system is also important in terms of learning and comparability between trusts. I would like to see a situation where the claims managers from across Wales are able to compare information to learn and to go back into their organisations and try to improve. Therefore, I think that there is a patchiness across Wales. We would certainly like to offer our own situation since 1997 as evidence that we have addressed the management information issue, but it is only going so far. I think that there is still some way to go yet, along the lines that I have mentioned.

Mae'r system yn bwysig hefyd yn nhermau dysgu a chymharu rhwng ymddiriedolaethau. Hoffwn weld sefyllfa lle gall y rheolwyr hawliadau o Gymru benbaladr gymharu gwybodaeth er mwyn dysgu a mynd yn ôl i'w sefydliadau a cheisio gwella. Felly, yr wyf yn meddwl fod y sefyllfa ar draws Cymru'n dameidiog. Yn sicr, hoffem gynnig ein sefyllfa'n hunain ers 1997 fel tystiolaeth ein bod wedi mynd i'r afael â chwestiwn gwybodaeth reoli, ond dim ond mynd cyn belled yw hynny. Credaf fod tipyn o ffordd i fynd eto, ar hyd y llinellau a grybwyllais.

[111] **Janet Davies:** Thank you, Mr Edwards. Ms Peplar, would you agree with that? Do you want to add to it?

[111] **Janet Davies:** Diolch, Mr Edwards. Ms Peplar, a fyddech chi'n cytuno â hynny? Oes arnoch chi eisiau ychwanegu ato?

Ms Peplar: I would entirely support that, yes. I think that the need for a comprehensive system is vital.

Ms Peplar: Fe fyddwn yn cefnogi hynny'n llwyr. Yr wyf yn meddwl fod yr angen am system gynhwysfawr yn hollbwysig.

[112] **Janet Davies:** Fine. Thank you. The National Audit Office Wales visited five trusts last year as part of its fieldwork, including both of your trusts, and examined them in perhaps more detail than some other trusts. Since then, has there been any progress in terms of the information you have on claims within your trusts? Can you give any examples where performance information has revealed improvements you may have had in performance?

[112] **Janet Davies:** Iawn. Diolch. Ymwelodd Swyddfa Archwilio Genedlaethol Cymru â phum ymddiriedolaeth y llynedd fel rhan o'i gwaith maes, gan gynnwys eich ymddiriedolaethau chi'ch dau, a'u harchwilio efallai'n fanylach na rhai ymddiriedolaethau eraill. Ers hynny, a fu symud ymlaen o gwbl yn nhermau'r wybodaeth sydd gennych ar hawliau o fewn eich ymddiriedolaethau? A allwch roi unrhyw enghreifftiau lle mae gwybodaeth perfformiad wedi datgelu gwelliannau a fu yn eich perfformiad efallai?

Ms Peplar: We have now introduced a system by which we, on a regular basis, actually look at the claims that have come in. We categorise those in various different ways. We review them on a very frequent basis. We look at how we can actually try to expedite the process and we also try to draw from the information that we are now getting internal learning factors, so that we can share those around and look at them. We still, I think,

Ms Peplar: Yr ydym bellach wedi cyflwyno system lle byddwn ni, yn rheolaidd, yn edrych ar yr hawliadau a ddaeth i mewn. Byddwn yn eu dosbarthu mewn amryw o wahanol ffyrdd. Byddwn yn eu hadolygu'n aml iawn. Edrychwn ar sut y gallwn fynd ati i geisio hwyluso'r broses a cheisiwn hefyd dynnu ffactorau dysgu mewnol o'r wybodaeth a gawn yn awr, fel y gallwn rannu'r rheini o gwmpas ac edrych arnynt. Mae gennym

have a way to go in terms of increasing our ability to prevent things happening, and we are looking at that with some urgency at the moment. However, I think that the systems have progressed a long way in the last year.

gryn ffordd i fynd o hyd, mi gredaf, yn nhermau gwella'n gallu i atal pethau rhag digwydd, ac yr ydym yn edrych ar hynny gyda pheth brys ar hyn o bryd. Fodd bynnag, credaf fod y systemau wedi cymryd camau breision yn y flwyddyn ddiwethaf.

[113] **Janet Davies:** We are pleased to hear that. Mr Edwards, do you want to add anything?

[113] **Janet Davies:** Mae'n dda gennym glywed hynny. Mr Edwards, a oes arnoch chi eisiau ychwanegu unrhyw beth?

Mr Edwards: With your permission, Chair, I would like to bring Ms Hobbs in at this point. I mentioned that we have a claims database, and we have good information. However, the whole emphasis is on trying to reduce the number of incidents that happen in the first place. I would like Ms Hobbs to try to tie some of the issues together.

Mr Edwards: Gyda'ch caniatâd, Gadeirydd, hoffwn ddod â Ms Hobbs i mewn yn y fan hon. Soniais fod gennym gronfa ddata hawliadau, ac mae gennym wybodaeth dda. Fodd bynnag, mae'r holl bwyslais ar geisio lleihau nifer y digwyddiadau sydd yn digwydd yn y lle cyntaf. Hoffwn i Ms Hobbs geisio clymu rhai o'r materion wrth ei gilydd.

Ms Hobbs: I think that you have had the opportunity to read the supplementary information, so I will not go through that in detail. I think, however, that what we continue to build on is an infrastructure that we started in September 1997. It obviously predates two reconfigurations. However, it has been very important, both in terms of bringing together clinicians, particularly, in an environment of shared learning, but also, I think, it fits in with our culture of trying to resolve issues for patients, carers and staff, at a very early stage. I think that what David has alluded to is trying to introduce that into a more technically-based management information system, so that we can track when a complaint looks as if it is going to become a claim, or when an incident looks as if it will become a complaint, which might also become a claim. So we can try, wherever possible, through a sort of risk avoidance and risk management, to achieve that local and early resolution. However, what is important, and my colleagues have already highlighted this, is the fact that we try to manage, and demonstrate that we are managing, through good information, and that we share and disseminate that information and are open about it. We work very well with our legal colleagues, particularly, in that respect. So that when mistakes happen, and claims are made, we actually go back and learn to try to minimise the chances of similar occurrences in the future. It is all about risk management; we will never completely avoid it, because that is the nature of the business that we are in. I think that we have done a lot, and it has been a high priority for us, but we continue to learn.

Ms Hobbs: Yr wyf yn meddwl eich bod wedi cael y cyfle i ddarllen y wybodaeth ategol, felly nid af drwy hynny'n fanwl. Yr wyf yn meddwl, fodd bynnag, mai'r hyn yr ydym yn dal i adeiladu arno yw isadeiledd a ddechreuwyd gennym ym Medi 1997. Yn amlwg, yr oedd hynny cyn y ddau ailgyfluniad. Fodd bynnag, bu'n bwysig iawn, yn nhermau dod â chlinigwyr ynghyd, yn arbennig, mewn amgylchedd o rannu dysg, ond hefyd, mi gredaf, mae'n cyd-fynd â'n diwylliant o geisio datrys materion i gleifion, gofalwyr a staff, yn gynnar iawn. Credaf mai'r hyn y mae David wedi ei grybwyll yw ceisio cyflwyno hynny i mewn i system wybodaeth reoli fwy technegol ei sail, fel y gallwn weld pa bryd y mae cwyn yn edrych fel pe bai am droi'n hawliad, neu ba bryd y mae digwyddiad yn edrych fel pe bai am droi'n gwyn, a allai yn ei thro droi'n hawliad. Felly gallwn geisio, lle bynnag y bo modd, drwy ryw fath o osgoi risg a rheoli risg, sicrhau'r datrysiad lleol a chynnar hwnnw. Fodd bynnag, y peth pwysig, ac mae fy nghydweithwyr eisoes wedi amlygu hyn, yw'r ffaith ein bod yn ceisio rheoli, ac yn dangos ein bod yn rheoli, drwy wybodaeth dda, a'n bod yn rhannu ac yn gwasgaru'r wybodaeth honno a'n bod yn agored ynglyn â hi. Cydweithiwn yn dda iawn gyda'n cyfeillion cyfreithiol, yn arbennig, yn hynny o beth. Felly pan ddigwydd camgymeriadau, ac y gwneir hawliadau, awn yn ôl a dysgu ceisio lleihau'r siawns y digwydd rhywbeth tebyg yn y dyfodol. Rheoli risg yw'r cyfan; ni wnawn fyth ei osgoi'n gyfangwbl, oherwydd dyna natur y busnes yr ydym ynddo. Yr wyf yn meddwl ein bod wedi gwneud llawer, a bu'n flaenoriaeth uchel inni, ond yr ydym yn dal i ddysgu.

[114] **Janet Davies:** Right. So it is fair to say that you are working quite hard on this. Do you feel

[114] **Janet Davies:** Iawn. Felly mae'n deg dweud eich bod yn gweithio'n eithaf caled ar hyn. A

that there are any barriers that hinder your ability to gather appropriate information?

ydych yn teimlo fod unrhyw rwystrau sydd yn amharu ar eich gallu i gasglu gwybodaeth briodol?

Ms Hobbs: As my colleagues have already alluded to, and as was very marked in the Auditor General's report, there has not been one standardised system anywhere in the UK. There have been different systems and they have perhaps had a financial focus, or a complaints focus, or an incident focus. Up to a year ago, in our own trust we had three different approaches to recording incidents. We do not do that now, we have a single incident form, a single point of data entry, and a single team of trained people analysing and churning out that data.

Ms Hobbs: Fel y crybwyllodd fy nghydweithwyr eisoes, ac fel yr oedd yn amlwg iawn yn adroddiad yr Archwilydd Cyffredinol, ni chafwyd un system safonol yn unlle yn y DU. Cafwyd systemau gwahanol a oedd efallai'n canolbwyntio ar yr arian, neu ar y cwynion, neu ar y digwyddiadau. Hyd at flwyddyn yn ôl, yn ein hymddiriedolaeth ni yr oedd gennym dair ffordd wahanol o fynd ati i gofnodi digwyddiadau. Ni wnawn hynny bellach, mae gennym un ffurflen ddigwyddiad, un pwynt rhoi data i mewn, ac un tîm o bobl hyfforddedig yn dadansoddi'r data hynny ac yn eu troi allan.

We want to build on our experience with the system that is used also—as it happens—in North East Wales NHS Trust and Swansea NHS Trust, and is managed, as has been said, by the NHS. It was developed in Scotland at the University of Strathclyde for the NHS. I think that it is a developmental tool, because the authors and architects of that system are working with us.

Mae arnom eisiau adeiladu ar ein profiad gyda'r system a ddefnyddir hefyd—fel mae'n digwydd—yn Ymddiriedolaeth GIG Gogledd Ddwyrain Cymru ac Ymddiriedolaeth GIG Abertawe, ac a reolir, fel y soniwyd, gan yr NHS. Fe'i datblygwyd yn yr Alban ym Mhrifysgol Ystrad Clud ar gyfer yr NHS. Arf datblygiadol ydyw yn fy nhyb i, oherwydd mae awduron a phenseiri'r system honno'n gweithio gyda ni.

We all have risk managers in our trusts, who network extremely well; they are very competent. They work closely with the Welsh Risk Pool, and what I would like to see is that in Wales we build on our good experience and support a single database. Rather than organisations just doing their own thing, I would like us to actually support one system, in the interests of better care, early resolution, and good information.

Mae gennym i gyd reolwyr risg yn ein hymddiriedolaethau, sydd yn rhwydweithio'n eithriadol o dda; maent yn gymwys iawn. Gweithiant yn agos gyda Chronfa Risg Cymru, a beth yr hoffwn i ei weld yw ein bod ni yng Nghymru'n adeiladu ar ein profiad da ac yn cynnal un cronfa ddata. Yn hytrach na bod pob corff yn dilyn ei drywydd ei hun, hoffwn inni gynnal un system, er budd gwell gofal, datrys cynnar a gwybodaeth dda.

[115] **Janet Davies:** When you get the analysis, is it coming to managers who are capable of taking the necessary remedial action? By that, I mean that they have the necessary seniority—I am not casting aspersions on anyone's ability here—and that this high-level reporting goes to senior management.

[115] **Janet Davies:** Pan gewch chi'r dadansoddiad, a gaiff ei roi i reolwyr a all weithredu arno yn ôl yr angen? Wrth ddweud hynny, meddwl yr wyf fod ganddynt hwy'r safle uchel angenrheidiol—nid wyf yn bwrw amheuon ar allu neb yma—a bod yr adroddiadau lefel-uchel hyn yn mynd i ddwylo uwch reolwyr.

Ms Hobbs: If I could just share what happens within Cardiff and Vale NHS Trust—I am sure that colleagues will want to have the same opportunity. Our reports on incidents are reported every month, and are presented every month to our clinical risk management committee. That is part of our clinical governance structure, and it includes all the general managers, senior clinicians and medical director. The information is there, and remedial action can be agreed, and if signed off by the executive board and by the trust board, more by exception. It is very much a part of our clinical governance arrangements, and the decisions are

Ms Hobbs: Pe cawn i rannu am eiliad yr hyn sydd yn digwydd o fewn Ymddiriedolaeth GIG Caerdydd a'r Fro—yr wyf yn siwr yr hoffai cyd-swyddogion gael yr un cyfle. Cawn ni adroddiadau ar ddigwyddiadau bob mis, ac fe'u cyflwynir bob mis i'n pwyllgor rheoli risg glinigol. Mae hynny'n rhan o'n strwythur llywodraethu clinigol, ac mae'n cynnwys yr holl reolwyr cyffredinol, uwch glinigwyr a'r cyfarwyddwr meddygol. Mae'r wybodaeth yno, a gellir cytuno ar sut i weithredu i unioni'r sefyllfa, a hynny, os y'i llofnodir gan y bwrdd gweithredol a bwrdd yr ymddiriedolaeth, yn fwy drwy eithriad. Mae'n

made by people who can make decisions. The only other thing that I would say is that within that we work very closely with colleagues in health and safety, because there are a lot of shared issues.

bendant iawn yn rhan o'n trefniadau llywodraethu clinigol ni, a gwneir y penderfyniadau gan bobl sydd yn gallu gwneud penderfyniadau. Yr unig beth arall a ddywedwn yw ein bod yn gweithio'n agos iawn o fewn hynny gyda chyd-swyddogion ym maes iechyd a diogelwch, oherwydd mae llawer o faterion sydd yn gyffredin inni.

[116] **Janet Davies:** Ms Peplar, we have talked for quite a long time with Cardiff and Vale NHS Trust. Can I take you back and ask about the systems and progress that you are making in North East Wales NHS Trust?

[116] **Janet Davies:** Ms Peplar, yr ydym wedi siarad am amser gweddol faith gydag Ymddiriedolaeth GIG Caerdydd a'r Fro. A gaf fi fynd â chi'n ôl a holi am y systemau a sut yr ydych yn dod ymlaen yn Ymddiriedolaeth GIG Gogledd Ddwyrain Cymru?

Ms Peplar: As you heard, we have the same underpinning system, and we are finding that extremely helpful. I would agree that having a common system across Wales would be very useful. In terms of the internal systems of the organisation, I do not think that we are quite as advanced, and it is something that we are very clear that we need to do. We have been looking recently at how we ensure that we have proper connections between what we learn through clinical audit, what we learn through the complaints process, what we learn through clinical negligence, and what we learn in clinical governance, and we are starting to bring those together. I think that there is still a little way for us to go as an organisation on that, but we are moving in the right direction. We are also looking at how we feed back what we have learnt into the system and ensure that that does not just go to where perhaps an incident has happened, but is actually discussed and taken around the whole of the organisation. We still have a way to go on that, but we are working towards that. My sense is that there is far more openness to that happening than maybe there was about 18 months ago within the organisation, and people are readier to discuss and to actually look at the learning.

Ms Peplar: Fel y clywsoch, mae gennym ninnau'r un system isgynhaliol, ac mae hynny'n ddefnyddiol iawn inni. Cytunaf y byddai cael system gyffredin ar draws Cymru o fudd mawr. Yn nhermau systemau mewnol y sefydliad, nid wyf yn meddwl ein bod wedi mynd lawn mor bell, ac mae'n rhywbeth yr ydym yn glir iawn bod angen inni ei wneud. Buom yn edrych yn ddiweddar ar sut yr ydym yn sicrhau fod gennym gysylltiadau iawn rhwng yr hyn a ddysgwn drwy archwilio clinigol, yr hyn a ddysgwn drwy'r broses gwynion, yr hyn a ddysgwn drwy esgeulustod clinigol, a'r hyn a ddysgwn mewn llywodraethu clinigol, ac yr ydym yn dechrau dod â'r rheini ynghyd. Yr wyf yn meddwl fod gennym ryw ychydig o ffordd i fynd eto fel sefydliad yn hynny o beth, ond yr ydym yn symud i'r cyfeiriad iawn. Yr ydym hefyd yn edrych ar y modd y byddwn yn bwydo'r hyn a ddysgwyd yn ôl i mewn i'r system ac yn sicrhau nad dim ond mynd i'r fan lle efallai y digwyddodd digwyddiad a wneir, ond y trafodir y peth a'i rannu o gwmpas y sefydliad cyfan. Mae gennym beth ffordd i fynd ar hynny, ond yr ydym yn gweithio tuag at hynny. Fy nheimlad i yw bod y sefydliad yn llawer mwy agored i hynny ddigwydd nag ydoedd efallai ryw 18 mis yn ôl, ac mae pobl yn barotach i drafod ac i edrych ar y dysgu.

[117] **Janet Davies:** Can you also confirm that this goes to senior management?

[117] **Janet Davies:** A allwch chi gadarnhau hefyd bod hyn yn mynd i'r uwch reolwyr?

Ms Peplar: Yes, it does.

Ms Peplar: Ydyw, y mae.

[118] **Alun Cairns:** I would like to continue on the same lines. Mr Edwards, Ms Hobbs talked about the lessons that are being learned. What is the practical process for which feedback is given into the system so that lessons are learned within the trust?

[118] **Alun Cairns:** Hoffwn innau barhau ar hyd yr un llinellau. Mr Edwards, soniodd Ms Hobbs am y gwersi sydd yn cael eu dysgu. Beth yw'r broses ymarferol ar gyfer bwydo adborth yn ôl i mewn i'r system fel y dysgir gwersi o fewn yr ymddiriedolaeth?

Mr Edwards: There are a number of routes. You have a copy of our various committee structures

Mr Edwards: Mae sawl llwybr. Mae gennych gopi o'n gwahanol strwythurau pwyllgorau sydd yn

that indicate the levels of involvement and the integration between management and clinicians. We have a devolved management structure, with clinicians involved right at the heart of our management process. So the outcomes of our claims management committee and the outcomes of our risk management committee go back into all the service groups, so that we can actually look at the incidents and the lessons that we learn. May I refer you to page 5 of our supplementary report, which I think highlights the point that you are making very well, where, as a result of that close liaison, we have been able to highlight those examples where changes in practice have taken place for those colleagues who have not been able to identify this? For example, the report notes on page 5:

dangos y lefelau cyfranogiad a'r integreiddiad rhwng rheolwyr a chlinigwyr. Strwythur rheoli datganoledig sydd gennym, ac mae clinigwyr yn gyfranogol wrth galon ein proses reoli. Felly mae canlyniadau'n pwyllgor rheoli hawliadau a chanlyniadau'n pwyllgor rheoli risg yn mynd yn ôl i'r holl grwpiau gwasanaeth, fel y gallwn edrych o ddifrif ar y digwyddiadau ac ar y gwersi a ddysgwn. A gaf fi eich cyfeirio at dudalen 5 yn ein hadroddiad ategol, sydd, mi dybiaf, yn tanlinellu'r pwynt a wnewch chi yn dda iawn, lle, o ganlyniad i'r cydgysylltu agos hwnnw, yr ydym wedi gallu amlygu'r enghreifftiau hynny lle digwyddodd newidiadau mewn ymarfer i'r cydweithwyr hynny sydd heb fod wedi gallu gweld hyn? Er enghraifft, noda'r adroddiad ar dudalen 5:

'Review of the use of syringe pumps following a serious incident. The remedial action taken is now held as being best practice.'

'Adolygu defnydd pympiau chwistrellu yn dilyn digwyddiad difrifol. Caiff y gweithredu adferol a ddigwyddodd ei ddal bellach fel enghraifft o'r ymarfer gorau.'

That is the sort of mechanism used, and there are some practical examples of where that has been successful.

Dyna'r math o fecanwaith a ddefnyddir, ac mae rhai enghreifftiau ymarferol o fannau lle bu hynny'n llwyddiannus.

[119] **Alun Cairns:** Thank you for that. Ms Peplar, can you offer similar examples of how you have actually learned from the lessons of having to pay compensation claims in your trust?

[119] **Alun Cairns:** Diolch ichi am hynny. Ms Peplar, a allwch chi gynnig enghreifftiau tebyg o sut yr ydych yn wir wedi dysgu o'r gwersi o orfod talu hawliadau iawndal yn eich ymddiriedolaeth?

Ms Peplar: I can quote some examples but I will ask Julie Parry to perhaps take us through one or two clear ones.

Ms Peplar: Gallaf ddyfynnu rhai enghreifftiau ond gofynnaf i Julie Parry efallai fynd â ni drwy un neu ddwy o rai clir.

Ms Parry: Certainly. It is very similar in terms of the use of committees that the trust has established. Again, we report incidents on a monthly basis through our risk management committee, which is actually a sub-committee of the trust board. When we do have adverse incidents, particularly the exceptional reporting, the committee produces an action plan that is then devolved across the trust using the directorate structure system. We also have directorate-led risk management groups. So each of our directorates has a group of people who lead, or look at, claims, complaints and our adverse events. It is devolved down through the directorates in a similar way.

Ms Parry: Wrth gwrs. Mae'n debyg iawn yn nhermau'r defnydd o bwyllgorau y mae'r ymddiriedolaeth wedi'i sefydlu. Eto, byddwn yn adrodd ar ddigwyddiadau yn fisol drwy'n pwyllgor rheoli risg, sydd mewn gwirionedd yn is-bwyllgor i fwrdd yr ymddiriedolaeth. Pan gawn ddigwyddiadau niweidiol, yn enwedig yr adroddiadau eithriadol, bydd y pwyllgor yn llunio cynllun gweithredu a drosglwyddir wedyn ar draws yr ymddiriedolaeth gan ddefnyddio system y strwythur cyfarwyddiaethau. Mae gennym grwpiau rheoli risg hefyd dan arweiniad cyfarwyddiaethau. Felly mae gan bob un o'n cyfarwyddiaethau grwp o bobl sydd yn arwain, neu'n edrych ar, hawliadau, cwynion a'n digwyddiadau niweidiol. Fe'i trosglwyddir i lawr drwy'r cyfarwyddiaethau mewn modd tebyg.

[120] **Alun Cairns**: Trusts are much larger now than they used to be. What difficulties does that introduce to your feedback system?

[120] **Alun Cairns:** Mae ymddiriedolaethau yn llawer mwy erbyn hyn nag yr arferent fod. Pa anawsterau y mae hynny'n eu cyflwyno i'ch system adborth?

Ms Parry: Feedback is the most difficult area and we are working on that at the moment. It has taken some time to establish this system of reporting. In terms of the Chair's question regarding barriers, I would suggest that the biggest one is culture, which has been very difficult to overcome. In terms of the difficulty with feedback, it has been a long job to get people comfortable with reporting. Now, we must look at what we are offering back in terms of the actions that have been taken. There is a danger that we can take a very good practice action, which gives us best practice, and, as a result, we do not necessarily tell the person who originally reported the incident. So we are still working on it. We still have a lot of contact with people. When they report adverse events then we will always report back if an investigation has taken place. However, it is not as well established as it should be. That is an area that we are still working on.

Ms Parry: Adborth yw'r maes anoddaf ac yr ydym yn gweithio ar hynny ar hyn o bryd. Mae wedi cymryd cryn amser i sefydlu'r system adrodd hon. Yn nhermau cwestiwn y Cadeirydd parthed rhwystrau, hoffwn awgrymu mai diwylliant yw'r rhwystr mwyaf, sydd wedi bod yn anodd i'w oresgyn erioed. Yn nhermau'r anhawster gydag adborth, bu'n dasg hirfaith cael pobl i fod yn gyfforddus gydag adrodd. Yn awr, rhaid inni edrych ar yr hyn yr ydym yn ei gynnig yn ôl, yn nhermau'r modd y gweithredwyd. Y mae perygl y gallwn weithredu'n ymarferol mewn ffordd dda iawn, sydd yn sicrhau'r ymarfer gorau, a'n bod, o ganlyniad, efallai heb ddweud wrth y sawl a adroddodd am y digwyddiad. Felly yr ydym yn dal i weithio ar hynny. Mae gennym lawer o gysylltiad â phobl o hyd. Pan adroddant ar ddigwyddiadau niweidiol yna byddwn bob amser yn adrodd yn ôl os bydd ymchwiliad wedi digwydd. Fodd bynnag, nid yw hyn wedi'i sefydlu gystal ag y dylai fod. Dyna faes yr ydym yn gweithio arno o hyd.

[121] **Alun Cairns:** Mr Edwards gave an example of where his trust had learned lessons and had changed the procedures in terms of using a syringe. Can you give a practical example of where you have learned lessons within the trust and have actually changed procedures?

[121] **Alun Cairns:** Rhoddodd Mr Edwards enghraifft o fan lle yr oedd ei ymddiriedolaeth wedi dysgu gwersi ac wedi newid y gweithdrefnau o ran defnyddio chwistrell. A allwch chi roi enghraifft ymarferol o fan lle'r ydych chi wedi dysgu gwersi o fewn yr ymddiriedolaeth ac wedi mynd ati i newid gweithdrefnau?

Ms Parry: Certainly. We had the introduction of a fairly new and very basic piece of equipment into the organisation. The decision made in terms of its introduction was that a cascade training system would be used so that one individual per ward would be trained to cascade. Following some trend analysis of our incidents, we had a significant increase in needle sticks following the use of that piece of equipment. It became apparent that the training was not working. As a result of that, that piece of equipment was removed across the trust and we resorted back to our old piece of equipment until we had established a correct procedure for implementing equipment and training.

Ms Parry: Wrth gwrs. Cawsom gyflwyniad darn o offer eithaf newydd a sylfaenol iawn i'r sefydliad. Y penderfyniad a wnaethpwyd parthed ei gyflwyno oedd y byddem yn defnyddio system hyfforddi raeadraidd fel y câi un unigolyn ar bob ward ei hyfforddi i raeadru. Wedi rhywfaint o ddadansoddi tueddiadau ein digwyddiadau, cawsom gynnydd sylweddol mewn achosion o nodwyddau sownd ar ôl defnyddio'r darn offer hwnnw. Daeth yn amlwg nad oedd yr hyfforddiant yn gweithio. O ganlyniad i hynny, rhoddwyd y gorau i ddefnyddio'r darn offer hwnnw ar draws yr ymddiriedolaeth ac aethom yn ôl at ein hen offer hyd nes y byddem wedi sefydlu gweithdrefn briodol ar gyfer gweithredu'r offer a'r hyfforddiant.

[122] **Alun Cairns:** Thank you for that. It seems as though the feedback is working its way through and, as you say, you are continually making improvements on that. If I can turn to Mr Edwards and Ms Peplar, what about the situation between trusts, not only your own trusts individually, but those throughout the whole of the NHS in Wales? If an incident has posed a risk in one trust, how is that message cascaded across to other trusts that might find themselves in similar circumstances?

[122] **Alun Cairns:** Diolch ichi am hynny. Mae'n debyg fod yr adborth yn gweithio'i ffordd drwodd ac, fel y dywedasoch, yr ydych yn gwneud gwelliannau ar hynny'n barhaus. Os caf fi droi at Mr Edwards a Ms Peplar, beth am y sefyllfa rhwng ymddiriedolaethau, nid dim ond eich ymddiriedolaethau chi'ch hun yn unigol, ond y rheini drwy'r NHS gyfan yng Nghymru? Os oes un digwyddiad wedi achosi risg mewn un ymddiriedolaeth, sut y caiff y neges honno ei

lledaenu ar draws i ymddiriedolaethau eraill a allai eu cael eu hunain mewn amgylchiadau tebyg?

Mr Edwards: If it is a serious incident, we have a sentinel reporting system, which is for Wales as a whole. So that provides the opportunity for that sharing and learning and, more importantly, for the avoidance of that happening elsewhere. For the myriad of incidents, or near misses, that could happen, I do not think that that is well developed at all. I said earlier about colleagues meeting across Wales to review this against a common database. I think that that would rectify the problem that we currently have.

Mr Edwards: Os ydyw'n ddigwyddiad difrifol, mae gennym system adrodd gwarchodol, sydd ar gyfer Cymru gyfan. Felly mae hynny'n darparu'r cyfle ar gyfer y broses honno o rannu a dysgu ac, yn bwysicach, ar gyfer osgoi bod hynny'n digwydd yn rhywle arall. Ar gyfer y llu o ddigwyddiadau, neu achosion trwch-blewyn, a allai ddigwydd, nid wyf yn meddwl fod hynny wedi'i ddatblygu'n dda o gwbl. Soniais yn gynharach am gydweithwyr yn cyfarfod ledled Cymru i adolygu hyn yn erbyn cronfa ddata gyffredin. Credaf y byddai hynny'n cywiro'r broblem sydd gennym yn awr.

[123] **Alun Cairns:** Do you have any different views, Ms Peplar?

[123] **Alun Cairns:** A oes gennych chi unrhyw sylwadau gwahanol, Ms Peplar?

Mrs Peplar: I would agree. I think that the only established format, which perhaps Julie could talk more about, is the Risk Managers Network, which meets on a regular basis and exchanges ideas.

Mrs Peplar: Fe fyddwn yn cytuno. Credaf mai'r unig fformat sefydledig, y gallai Julie efallai siarad mwy amdano, yw'r Rhwydwaith Rheolwyr Risg, sydd yn cyfarfod yn rheolaidd ac yn cyfnewid syniadau.

Ms Parry: That is right. We do adverse reporting, which is circulated among the risk managers. We meet every six weeks and we do anonymous reporting into that committee. Adverse events are shared across Wales in terms of the events that have happened and the lessons that have been learnt.

Ms Parry: Mae hynny'n gywir. Adroddwn ar ddigwyddiadau niweidiol, a chylchredeg hynny o gwmpas y rheolwyr risg. Deuwn ynghyd bob chwe wythnos a rhown adroddiadau dienw i'r pwyllgor hwnnw. Rhennir digwyddiadau niweidiol ledled Cymru yn nhermau'r hyn a ddigwyddodd a'r gwersi a ddysgwyd.

[124] **Alun Cairns:** My next question was going to be about the Risk Managers Network. Is that an effective forum for the dissemination of information?

[124] **Alun Cairns:** Yr oeddwn wedi bwriadu holi nesaf ynghylch y Rhwydwaith Rheolwyr Risg. A yw hwnnw'n fforwm effeithiol ar gyfer lledaenu gwybodaeth?

Ms Parry: Yes, definitely.

Ms Parry: Ydyw, yn bendant.

[125] **Alun Cairns:** Are there practical examples of where best practice in one trust has been learned in another?

[125] **Alun Cairns:** A oes enghreifftiau ymarferol o fannau lle cafodd ymarfer gorau mewn un ymddiriedolaeth ei ddysgu mewn un arall?

Ms Parry: You are probably aware of the adverse event in terms of the removal of kidneys, for instance. That has certainly been very topical within the Risk Managers Network for some time now. Obviously, it has been difficult for that reporting to go on while the investigations are continuing. However, certainly in terms of best practice, the changes made by that trust have been shared across the whole of Wales. We have been able to take that back to our trusts and ensure that we have similar systems, or systems that will suit our trust, in place to prevent that from happening again.

Ms Parry: Mae'n debyg eich bod yn ymwybodol o'r digwyddiad niweidiol parthed tynnu arennau, er enghraifft. Yn sicr bu hynny'n destun cyfoes iawn o fewn y Rhwydwaith Rheolwyr Risg ers tro bellach. Yn amlwg, bu'n anodd adrodd ar hynny tra mae'r ymchwiliadau'n parhau. Fodd bynnag, yn sicr o ran ymarfer gorau, cafodd y newidiadau a wnaethpwyd gan yr ymddiriedolaeth honno eu rhannu ar draws Cymru gyfan. Yr ydym wedi gallu mynd â hynny'n ôl i'n hymddiriedolaethau a sicrhau fod gennym systemau tebyg, neu system a fydd yn addas i'n hymddiriedolaeth ni, yn eu lle er mwyn atal hynny rhag digwydd eto.

[126] **Alun Cairns:** Mr Edwards, I ask you or Ms Hobbs, what other lessons could the Cardiff and District Community NHS Trust have learnt through the network that has been established?

Mr Edwards: I will ask Ms Hobbs to answer this point, if I may.

Ms Hobbs: I would agree with Julie Parry that the Risk Managers Network works well. I think that it also works well because of its connection with the Welsh Risk Pool. There is a huge opportunity there to share learning. We have three risk managers in our trust and they work very much within the different service groups. So I think that there is a great wealth of expertise there. What our three managers do when they return from working with those groups, is immediately tell the rest of us what has been going on and that comes out in a brief that is also reported to the main risk committee so that we can try to disseminate that as well. Julie's example of how we can learn both through being very honest and open either about things that have happened or where things might have happened is very valuable and continues to be very valuable. Something that we have done, which really came out of a Risk Pool assessment, was to introduce better identification of patients and better inter-hospital transfer of patients. I think that that is something that the Welsh Risk Pool was quite keen to see and something that the Welsh risk managers have been very pleased to push forward. I think that it is a good partnership.

[127] **Alun Cairns:** Page 26 of the report mentions the Losses and Special Payments Register and says that it is a potentially useful source of information on claims but that management and ownership have prevented it becoming operational. What is your view on the potential usefulness of the system? That is to Ms Peplar.

Ms Peplar: I have talked to a number of people about this to try to understand it, because since I have come into the trust I have found quite a lot of hostility towards this scheme. As I understand it, it is a scheme that was devised within the financial departments but not particularly to pick up this purpose. There is a sense that it is being enforced on the trusts and people feel a little bit that they are trying to adapt a scheme that does not properly work to a purpose that has some benefits, but not the benefits for which we are really looking. So there is quite a lot of resistance to it, which I have certainly picked up on since I came

[126] **Alun Cairns:** Mr Edwards, gofynnaf i chi neu Ms Hobbs, pa wersi eraill allasai Ymddiriedolaeth GIG Caerdydd a'r Cylch eu dysgu drwy'r rhwydwaith sydd wedi'i sefydlu?

Mr Edwards: Gofynnaf i Ms Hobbs ateb y pwynt hwn, os caf.

Ms Hobbs: Hoffwn gytuno gyda Julie Parry fod y Rhwydwaith Rheolwyr Risg yn gweithio'n dda. Credaf ei fod hefyd yn gweithio'n dda oherwydd ei gysylltiad â Chronfa Risg Cymru. Mae yno gyfle enfawr i rannu dysg. Mae gennym dri rheolwr risg yn ein hymddiriedolaeth ni ac maent yn gweithio i raddau helaeth iawn o fewn y gwahanol grwpiau gwasanaeth. Felly yr wyf o'r farn fod cyfoeth mawr o arbenigedd yno. Yr hyn a wna'n tri rheolwr pan ddychwelant o weithio gyda'r grwpiau hynny, yw dweud yn syth wrth y gweddill ohonom beth sydd wedi bod yn digwydd a daw hynny allan mewn brîff a gaiff hefyd ei adrodd i'r prif bwyllgor risg fel y gallwn geisio lledaenu hynny hefyd. Mae enghraifft Julie o sut y gallwn ddysgu drwy fod yn onest ac agored iawn un ai am bethau sydd wedi digwydd neu lle y gallai pethau fod wedi digwydd, yn werthfawr iawn ac yn parhau i fod yn werthfawr iawn. Un peth yr ydym wedi'i wneud, a ddeilliodd mewn gwirionedd o asesiad gan y Gronfa Risg, oedd cyflwyno gwell dulliau adnabod cleifion a gwell dull o drosglwyddo cleifion rhwng ysbytai. Credaf fod hynny'n rhywbeth yr oedd Cronfa Risg Cymru'n eithaf awyddus i'w weld ac yn rhywbeth y mae rheolwyr risg Cymru wedi bod yn falch iawn i'w wthio ymlaen. Credaf ei bod yn bartneriaeth dda.

[127] **Alun Cairns:** Ar dudalen 26 yr adroddiad crybwyllir y Gofrestr Golledion a Thaliadau Arbennig a dywedir ei bod yn ffynhonnell a allai fod yn ddefnyddiol i roi gwybodaeth am hawliadau ond bod rheolaeth a pherchenogaeth wedi ei hatal rhag dod yn weithredol. Beth yw'ch barn chi ar ddefnyddioldeb posibl y system? Cwestiwn i Ms Peplar yw hwn.

Ms Peplar: Yr wyf wedi siarad â nifer o bobl am hyn er mwyn ceisio'i ddeall, oherwydd ers i mi ddod i mewn i'r ymddiriedolaeth yr wyf wedi canfod cryn dipyn o elyniaeth tuag at y cynllun hwn. Yn ôl a ddeallaf fi, cynllun ydyw a ddyfeisiwyd o fewn yr adrannau cyllid ond nid yn arbennig i gyflawni'r pwrpas hwn. Mae ymdeimlad ei fod yn cael ei orfodi ar yr ymddiriedolaethau ac mae pobl yn teimlo i ryw raddau eu bod yn ceisio addasu cynllun nad yw'n gweithio'n iawn i bwrpas sydd â rhai manteision, ond nid y manteision yr ydym yn edrych amdanynt mewn gwirionedd. Felly mae cryn dipyn o wrthsafiad

to Wales. As I say, my understanding is that that is based on the fact that it is a scheme that is being stretched to fit and does not do so properly and that there is a need to devise a proper scheme. There are real anxieties among the clinicians about confidentiality relating to this. Therefore, people are not picking it up and embracing it. I think that we should look for something that will offer us, across the whole of Wales, what we are looking for in this.

iddo, sydd yn sicr wedi bod yn amlwg i mi ers imi ddod i Gymru. Fel y dywedaf, fy nealltwriaeth i yw fod hynny'n seiliedig ar y ffaith mai cynllun ydyw sydd yn cael ei ymestyn i ffitio ac nad yw'n gwneud hynny'n iawn a bod angen dyfeisio cynllun iawn. Mae gwir bryderon ymysg y clinigwyr ynghylch cyfrinachedd yn y mater yma. Felly, nid yw pobl yn ei godi i fyny a'i goleddu. Credaf y dylem chwilio am rywbeth a wnaiff gynnig i ni, ar draws Cymru gyfan, yr hyn yr ydym yn chwilio amdano yn hyn o beth.

[128] **Alun Cairns:** Thank you. Mr Edwards?

[128] **Alun Cairns:** Diolch. Mr Edwards?

Mr Edwards: I have nothing much to add other than to agree with that and to refer back to my earlier comments in relation to SAFECODE and the way in which that brings together a number of different systems, which I think will be necessary. Let us get something that is fit for purpose. I am not denigrating it but certainly the noise about trying to fit something that is not absolutely right for the purpose has come to me as well as to Hilary.

Mr Edwards: Nid oes gennyf ddim i'w ychwanegu ac eithrio cytuno â hynny a chyfeirio'n ôl at fy sylwadau cynharach parthed SAFECODE a'r modd y mae hynny'n dwyn ynghyd nifer o wahanol systemau, a fydd yn fy marn i yn angenrheidiol. Gadewch inni gael rhywbeth sydd yn addas i'r pwrpas. Nid wyf yn ei ddifrïo ond yn sicr mae'r synau ynghylch ceisio ffitio rhywbeth nad yw'n gwbl briodol i'r pwrpas wedi fy nghyrraedd innau yn ogystal â Hilary.

[129] **Alun Cairns:** Part of the reason for the delay has been that it has expanded and evolved from its original concept. Do you think that it should return to its original concept and purpose or should it be expanded to fit the wider picture of the problems that we have identified?

[129] **Alun Cairns:** Rhan o'r rheswm am yr oedi yw ei fod wedi ehangu ac esblygu o'i gysyniad gwreiddiol. Ydych chi'n meddwl y dylai ddychwelyd at ei gysyniad a'i bwrpas gwreiddiol ynteu a ddylid ei ehangu i ffitio i ddarlun ehangach y problemau yr ydym wedi'u nodi?

Mr Edwards: I would like to see the sort of system that I was talking about with SAFECODE developed.

Mr Edwards: Hoffwn weld datblygu'r math o system yr oeddwn yn sôn amdani gyda SAFECODE.

[130] **Alison Halford:** You commented on the Losses and Special Payments Register. I think that you said that it is a system that has been forced and stretched and that there are real anxieties about confidentiality. Our brief tells us that this is a National Assembly initiative. Is that correct? Although it is at an embryonic stage, our brief indicates that it should improve the information available on clinical negligence. We are told that it should have become operational in April 2000. There has been a glitch and it will now not come on-stream until perhaps 2001-02. Our brief indicates that there is nothing terribly wrong with it, but you are indicating that there is something wrong with it. I would like to tease that out of you both, please.

[130] **Alison Halford:** Gwnaethoch sylw am y Gofrestr Golledion a Thaliadau Arbennig. Credaf ichi ddweud mai system ydyw sydd wedi'i gwthio a'i gorymestyn a bod gwir bryderon ynghylch cyfrinachedd. Dywed ein brîff mai menter y Cynulliad Cenedlaethol yw hon. A yw hynny'n gywir? Er mai yn ei babandod y mae, dywed ein brîff y dylai wella'r wybodaeth sydd ar gael ar esgeulustod clinigol. Dywedir wrthym y dylasai fod wedi dod yn weithredol ym mis Ebrill 2000. Cafwyd mân broblem ac ni fydd bellach yn rhedeg tan 2001-02 efallai. Yn ôl ein brîff nid oes dim byd mawr o'i le arni, ond yr ydych chi'n awgrymu bod rhywbeth o'i le arni. Hoffwn gael fy ngoleuo gennych chi'ch dau ar hynny, os gwelwch yn dda.

Ms Peplar: Certainly, when I joined the trust that is what I heard from everybody. Indeed, before coming here I asked my director of finance what he thought about it. He said that it is not designed for that and it is not suitable. He was fairly dismissive of the attempts that have been made to try to make

Ms Peplar: Yn sicr, pan ymunais i â'r ymddiriedolaeth dyna beth a glywais i gan bawb. Yn wir, cyn dod yma mi holais fy nghyfarwyddwr cyllid am ei farn ef amdani. Dywedodd ef nad yw wedi'i gynllunio ar gyfer hynny ac nad yw'n addas. Yr oedd yn wfftio braidd at yr ymgeision a

it work in that way. I do not know if Julie would like to add to that in terms of some of the reasons why it is problematic.

[131] **Alison Halford:** So, who is driving this? We are told that it is a useful database. Ms Hobbs has talked about the need for a single information database, which is all to do with collecting evidence—information that will stop some of these claims. Whose confidentiality are you concerned about? Is it a case of Dr Bloggs making a frightful mess and therefore you do not put that information on the register?

Ms Parry: Yes.

[132] **Alison Halford:** Surely that cuts across the whole idea of trying to improve the national health service's system? So you are pandering to the needs of a consultant who has made a mistake that is going to cost the taxpayer many thousands of pounds, but we are not allowed to know about it because of the feelings of Dr so-and-so?

Ms Parry: In terms of Caldicott, there is patient-identifiable information, particularly in adverse events. In extreme adverse events with clinical conditions, patients become identifiable, which goes against the principles of Caldicott. Also other questions have been asked relating to the Data Protection Act 1984.

[133] **Alison Halford:** I do not want to take this discussion over and I do not really know about Caldicott, but in terms of bad practitioners, we know very well of the damage that has been done by hundreds of bad operations—women's internal operations and that sort of thing. If you are not prepared to divulge your bad clinicians because of confidentiality, then the system must be a little fudged, perhaps?

Ms Peplar: May I try to clarify that? Clearly one should not try to protect a bad practitioner in the way that you are identifying. However, I think that what we are trying to do is offer the opportunity for people to debate where things go wrong in a way that is not necessarily about saying that someone is a bad practitioner per se right across the board, and that everything he or she does is wrong, but about offering an opportunity for people to talk honestly about mistakes that they make and actually learn from each other about that. Their feeling is that the LaSPaR process does

wnaethpwyd i geisio'i chael i weithio yn y ffordd honno. Ni wn a hoffai Julie ychwanegu at hynny o ran rhoi rhai o'r rhesymau pam y mae problemau gyda'r system.

[131] **Alison Halford:** Felly, pwy sydd yn gyrru hyn? Dywedir wrthym ei bod yn gronfa ddata ddefnyddiol. Mae Ms Hobbs wedi siarad am yr angen am un gronfa ddata wybodaeth, sydd yn fater o gasglu tystiolaeth—gwybodaeth a rydd derfyn ar rai o'r hawliadau hyn. Cyfrinachedd pwy sydd yn eich poeni? Ai achos o Dr hwn-a-hwn yn gwneud llanast ofnadwy ydyw, a chithau felly ddim yn rhoi'r wybodaeth honno ar y gofrestr?

Ms Parry: Ie.

[132] **Alison Halford:** Siawns nad yw hynny'n torri ar draws yr holl syniad o geisio gwella system y gwasanaeth iechyd gwladol? Felly yr ydych yn porthi anghenion ymgynghorydd sydd wedi gwneud camgymeriad a fydd yn costio miloedd ar filoedd o bunnoedd i'r trethdalwr, ond ni chawn ni wybod am y mater oherwydd teimladau Dr hwn-a-hwn?

Ms Parry: O ran Caldicott, y mae gwybodaeth y gellir adnabod y claf oddi wrthi, yn enwedig mewn digwyddiadau niweidiol. Mewn digwyddiadau eithriadol o niweidiol gyda chyflyrau clinigol, mae modd adnabod cleifion, sydd yn groes i egwyddorion Caldicott. Mae cwestiynau eraill wedi'u gofyn hefyd ynghylch Deddf Gwarchod Data 1984.

[133] **Alison Halford:** Nid oes arnaf eisiau meddiannu'r drafodaeth hon ac ni wn am Caldicott mewn gwirionedd, ond yn nhermau ymarferwyr gwael, gwyddom yn burion am y niwed a wnaethpwyd gan gannoedd o lawdriniaethau gwael—llawdriniaethau mewnol merched a'r math yna o beth. Os nad ydych yn barod i ddatgelu'ch clinigwyr gwael oherwydd cyfrinachedd, yna rhaid bod y system wedi'i chyfaddawdu ychydig, efallai?

Ms Peplar: A gaf fi geisio egluro hynny? Yn amlwg ni ddylid ceisio gwarchod ymarferwr gwael yn y modd yr ydych chi'n ei ddisgrifio. Fodd bynnag, yr wyf yn meddwl mai'r hyn yr ydym yn ceisio'i wneud yw cynnig y cyfle i bobl drafod lle mae pethau'n mynd o chwith mewn ffordd nad yw o reidrwydd yn golygu dweud fod rhywun yn ymarferwr gwael *per se* drwyddo draw, a bod popeth a wna yn anghywir, ond yn hytrach yn golygu cynnig cyfle i bobl siarad yn onest am gamgymeriadau a wnânt a chael dysgu oddi wrth ei gilydd am hynny. Eu teimlad hwy yw nad yw'r

not actually help them discuss that in a way that protects the patient and protects them as individuals who may have got perhaps one thing wrong. That, I think, is very different from the rogue or bad practitioner, where I would entirely agree that we would have to take action. It would not be appropriate to try to improperly protect that individual. We need to separate those two aspects out and the feeling among clinicians is that the scheme under LaSPaR does not allow them to have that proper debate and they are also very concerned about the confidentiality of patient material.

broses LaSPaR yn eu helpu mewn gwirionedd i drafod mewn ffordd sydd yn gwarchod y claf ac yn eu gwarchod hwy fel unigolion sydd efallai wedi gwneud un camsyniad. Mae hynny, dybiwn i, yn wahanol iawn i'r ymarferwr drwg neu wael, lle byddwn yn cytuno'n llwyr y byddai'n rhaid inni weithredu. Ni fyddai'n briodol ceisio gwarchod yr unigolyn hwnnw. Mae angen gwahanu'r ddwy agwedd hyn a'r teimlad ymhlith clinigwyr yw nad yw'r cynllun dan LaSPaR yn caniatáu iddynt gael y drafodaeth briodol honno, ac maent yn bryderus iawn hefyd ynghylch cyfrinachedd deunydd ar gleifion.

[134] **Janet Davies:** Kirsty, you wanted to raise something?

[134] **Janet Davies:** Kirsty, yr oedd arnoch chi eisiau codi rhywbeth?

[135] **Kirsty Williams:** It relates to what Alison raised about the issue of protecting consultants rather than the public. Given the new emphasis on clinical governance and the very strong responsibilities that you as chief executives of trusts have towards clinical governance, do you agree that what we should be concerned about is opening up the culture within the NHS and encouraging and protecting potential whistleblowers who may like to discuss with other colleagues potential worries that they have about colleagues' standards? That openness is not encouraged by LaSPaR, and if we are to create a system that encourages openness, and offers the opportunity for people to talk about mistakes and improve their practice, then we need to take on board the issue of confidentiality. We must also realise that the consequences of putting excessive pressure on clinicians can lead to damaging effects on services that are available to patients within hospitals. The trend is to centralise services in places like the University Hospital of Wales because people in smaller institutions are not particularly confident about carrying out those risky procedures because of this atmosphere in which we could potentially find ourselves working.

[135] **Kirsty Williams:** Mae'n ymwneud â'r hyn a gododd Alison ynghylch y cwestiwn o warchod ymgynghorwyr yn hytrach na'r cyhoedd. O gofio'r pwyslais newydd ar reolaeth glinigol a'r cyfrifoldebau cryf iawn sydd gennych chi fel prif weithredwyr ymddiriedolaethau tuag at reolaeth glinigol, ydych chi'n cytuno mai'r hyn y dylem fod yn poeni yn ei gylch yw agor y diwylliant o fewn yr NHS ac annog a gwarchod darpar chwythwyr chwib a fyddai efallai'n dymuno trafod pryderon sydd ganddynt am safonau cydweithwyr gyda chydweithwyr eraill? Nid yw LaSPaR yn annog y natur agored honno, ac os ydym am greu system sydd yn annog pobl i fod yn agored, ac yn cynnig cyfle i bobl siarad am gamgymeriadau a gwella'u hymarfer, yna mae angen inni ystyried cwestiwn cyfrinachedd. Rhaid inni sylweddoli hefyd y gall canlyniadau rhoi gormod o bwysau ar glinigwyr arwain at effeithiau niweidiol ar wasanaethau sydd ar gael i gleifion mewn ysbytai. Y duedd yw canoli gwasanaethau mewn lleoedd fel Ysbyty Prifysgol Cymru oherwydd nad yw pobl mewn sefydliadau llai'n arbennig o hyderus ynghylch cyflawni'r gweithdrefnau llawn risg hyn oherwydd yr awyrgylch hwn y gallem o bosibl ganfod ein bod yn gweithio ynddo.

Mr Edwards: May I say how much I agree with that last contribution? I think that that is absolutely right. We are a more open culture. We are trying to develop a learning culture within the service to encourage people to come forward to report near misses as well as actual events. We are not looking for a blame culture, but we are also certainly not looking to protect those that might actually do harm to the public. That is the last thing that we want. In relation to the service as a whole, if you take Cardiff and Vale NHS Trust, we have 520,000 individual patient contacts every year. If you multiply that by the numbers of relatives, patients and members of staff that talk to

Mr Edwards: A gaf i ddweud gymaint yr wyf yn cytuno â'r cyfraniad diwethaf hwnnw? Credaf fod hynny yn llygad ei le. Yr ydym yn ddiwylliant mwy agored. Yr ydym yn ceisio datblygu diwylliant o ddysgu o fewn y gwasanaeth er mwyn annog pobl i ddod ymlaen i adrodd am ddigwyddiadau 'trwch-blewyn' yn ogystal â digwyddiadau go iawn. Nid ydym yn edrych am ddiwylliant gosod bai, ond hefyd yn sicr nid ydym yn edrych tuag at warchod y rheini a allai wneud gwir niwed i'r cyhoedd. Dyna'r peth olaf y mae arnom ei eisiau. Yng nghyd-destun y gwasanaeth yn ei gyfanrwydd, os cymerwch Ymddiriedolaeth GIG Caerdydd a'r Fro, cawn 520,000 o gysylltiadau â chleifion unigol bob

each other about particular events or procedures, it is many millions. Most of those go well and are a tribute to the professionalism of the staff in the NHS. Some of them do not go well. We need to ensure that we continue to lift those standards, but also keep it in perspective. In terms of LaSPaR—just a final point from me—I would certainly not wish to challenge the Auditor General at all. It could become a useful tool. The question is should it, and whether there are more appropriate tools for that purpose.

blwyddyn. Os lluoswch hynny â niferoedd y perthnasau, cleifion ac aelodau staff sydd yn siarad â'i gilydd am ddigwyddiadau neu weithdrefnau arbennig, mae'n filiynau lawer. Mae'r rhan fwyaf o'r rheini'n mynd yn dda ac yn deyrnged i broffesiynoldeb y staff yn yr NHS. Mae rhai ohonynt heb fynd cystal. Mae angen inni sicrhau ein bod yn parhau i godi'r safonau hynny, ond hefyd ei gadw mewn persbectif. Yn nhermau LaSPaR—dim ond pwynt olaf gennyf fi—yn sicr ni hoffwn herio'r Archwilydd Cyffredinol o gwbl. Gallai ddod yn arf defnyddiol. Y cwestiwn yw, a ddylai, ac a oes arfau mwy priodol i'r diben hwnnw.

[136] **Alison Halford:** It is just our job to scrutinise. We have a job to do and it is important that we hear from you what you think of systems as well.

[136] **Alison Halford:** Ein gwaith ni yw archwilio. Mae gennym orchwyl i'w gyflawni ac mae'n bwysig ein bod yn clywed gennych chi beth yr ydych chi'n ei feddwl am systemau hefyd.

Mr Edwards: Absolutely.

Mr Edwards: Yn hollol.

[137] **Alison Halford:** Thank you.

[137] **Alison Halford:** Diolch.

[138] **Janet Davies:** It is very valuable if you can suggest that there are other, better ways of doing it. I would now like to move on to the causes of negligence and that part of the report. Ann Jones would like to pursue that.

[138] **Janet Davies:** Mae'n werthfawr iawn os gallwch chi awgrymu bod ffyrdd eraill, gwell, o wneud pethau. Hoffwn symud ymlaen yn awr at achosion esgeulustod a'r rhan honno o'r adroddiad. Hoffai Ann Jones fynd ar ôl hynny.

[139] **Ann Jones:** A good example of the operational benefits that can accrue from access to good management information is the Auditor General's analysis of the causes of negligence. I am looking at the report from paragraph 3.2 on page 18 onwards, and, in particular, paragraph 3.22. Based on that analysis, across Wales a third of clinical negligence claims involved administrative or systems errors that were not due to clinical judgment or skill, costing the NHS substantial sums of money each year. To what extent does that finding meet with your experiences and the knowledge of claims within your own trust? Shall we start down south and work up north?

[139] **Ann Jones:** Enghraifft dda o'r buddiannau gweithredol a all ddeillio o gael mynediad at wybodaeth reoli dda yw dadansoddiad yr Archwilydd Cyffredinol o achosion esgeulustod. Yr wyf yn edrych ar yr adroddiad o baragraff 3.2 ar dudalen 18 ymlaen, ac, yn arbennig, baragraff 3.22. Ar sail y dadansoddiad hwnnw, ledled Cymru yr oedd traean o'r hawliadau am esgeulustod clinigol yn ymwneud â chamgymeriadau systemau neu weinyddol nad oedd yn ymwneud â barn neu fedr clinigol, gan gostio symiau sylweddol o arian i'r NHS bob blwyddyn. I ba raddau mae'r canfyddiad hwnnw'n cyfateb i'ch profiadau chi a'r wybodaeth am hawliadau o fewn eich ymddiriedolaeth chi'ch hun? Beth am gychwyn i lawr yn y de a gweithio'n ffordd i fyny i'r gogledd?

Mr Edwards: I could not put my hand on my heart and say that there is no evidence at all of where we could look at our administration and tighten it up. However, I think that, for us, is a very minor part of the issue. We can certainly do better and I am sure that we all feel that across Wales. However, if we look at the claims evidence mainly against the actual service that we provide for people, we think that we have the systems in place. For example, the clinical claims review committee that we currently run—which is very

Mr Edwards: Ni allwn roi fy llaw ar fy nghalon a dweud nad oes dim tystiolaeth o gwbl o fannau lle gallem edrych ar ein gweinyddiad a'i dynhau. Fodd bynnag, i ni, credaf mai rhan fach iawn o'r mater yw hynny. Yn sicr gallwn wneud yn well ac yr wyf yn siŵr ein bod i gyd yn teimlo hynny ledled Cymru. Fodd bynnag, os edrychwn ar y dystiolaeth hawliadau yn bennaf yn erbyn y gwasanaeth a ddarparwn i bobl, credwn fod y systemau yn eu lle gennym. Er enghraifft, mae'r pwyllgor adolygu hawliadau clinigol a redir

challenging—with peers, examines the clinical and the administrative aspects of the way in which we deal with claims. It is there. We will continue to reassure the Audit Committee that we are trying to minimise administrative errors and costs associated with that. From my point of view, the two biggest cost savings come from trying to first, avoid the incident in the first place and, secondly, to reduce the length of time that it takes for these cases to be settled. That is why I mentioned the clinical claims review committee. It is so that we can make those settlements before they get anywhere near courts.

gennym ar hyn o bryd—sydd yn heriol iawn—gyda chymheiriaid, yn archwilio agweddau clinigol a gweinyddol y modd y deliwn â hawliadau. Y mae yno. Byddwn yn parhau i sicrhau'r Pwyllgor Archwilio ein bod yn ceisio lleihau camgymeriadau gweinyddol a'r costau cysylltiedig â hynny. O'm safbwynt i, daw'r ddau arbediad cost mwyaf o geisio, yn gyntaf, osgoi'r digwyddiad yn y lle cyntaf ac, yn ail, byrhau'r amser a gymer i setlo'r achosion hyn. Dyna pam y soniais am y pwyllgor adolygu hawliadau clinigol. Ei nod yw ein galluogi i wneud y setliadau hyn cyn iddynt fynd ar gyfyl y llysoedd.

Ms Peplar: I think that I would support that, although I think that we probably have further to go in terms of ensuring that our record keeping is particularly up to date. That is an area about which I have real anxiety. When I talk to staff about why there are issues in record keeping, what I hear back is that it is very difficult under pressure to ensure that we are absolutely on top of everything. The amount of training has improved and increased enormously to ensure that people are fully aware of their responsibilities around effective and appropriate record keeping. However, I think that we still have a way to go with that.

Ms Peplar: Yr wyf yn meddwl y byddwn innau'n cefnogi hynny, er fy mod yn meddwl fod gennym ffordd bellach i fynd, mae'n debyg, yn nhermau sicrhau fod ein trefn gadw cofnodion yn arbennig o gyfoes. Dyna faes sydd yn peri gwir bryder imi. Pan siaradaf â staff ynghylch pam y mae problemau gyda chadw cofnodion, yr hyn a glywaf yn ôl yw ei bod hi'n anodd iawn dan bwysau i sicrhau bod gennym reolaeth lwyr dros bopeth. Mae'r hyfforddiant a ddarperir wedi gwella ac wedi cynyddu'n aruthrol er mwyn sicrhau fod pobl yn gwbl ymwybodol o'u cyfrifoldebau ynghylch cadw cofnodion yn effeithiol ac yn briodol. Fodd bynnag, credaf fod gennym beth ffordd i fynd gyda hynny eto.

[140] **Ann Jones:** Thank you. You mentioned your clinical claims review committee, Mr Edwards. Do you think that you can do more to address the core reasons behind these non-clinical errors? In particular, if you look at figure 3.4 on page 20 of the report, do you think that you can do any more?

[140] **Ann Jones:** Diolch. Soniasoch am eich pwyllgor adolygu hawliadau clinigol, Mr Edwards. A ydych chi'n meddwl y gallwch wneud mwy i ddatrys y rhesymau creiddiol y tu ôl i'r camgymeriadau anghlinigol hyn? Yn enwedig, os edrychwch ar ffigur 3.4 ar dudalen 20 yn yr adroddiad, a ydych yn meddwl y gallwch wneud unrhyw beth mwy?

Mr Edwards: May I ask Sue Hobbs to come in, if that is okay with you?

Mr Edwards: A gaf fi ofyn i Sue Hobbs ddod i mewn, os yw hynny'n iawn gennych chi?

[141] **Ann Jones:** Fine, yes.

[141] **Ann Jones:** Ydyw, iawn.

Mr Edwards: In terms of the day-to-day issues around this, Sue?

Mr Edwards: Yn nhermau'r materion dydd-i-ddydd ynghylch hyn, Sue?

Ms Hobbs: When I first looked at this report, I looked at figure 3.4 and thought, 'yes that actually reflects quite a lot of our own concerns'. In fact, if I can just go away from claims for a moment and look at complaints, one of the commonest causes of complaint is about communication and/or poor record keeping. It is amazing to me that in 2001 we still seem to keep five or six sets of records. Patients' records are patients' records. They are not doctors' records or nurses' records, or physios' records, they are patients' records. I

Ms Hobbs: Pan edrychais ar yr adroddiad hwn gyntaf, edrychais ar ffigur 3.4 a meddwl, 'ie, mae hynny'n adlewyrchu llawer o'n pryderon ni'n hunain'. Mewn gwirionedd, os caf fi symud oddi wrth hawliadau am funud ac edrych ar gwynion, un o'r achosion mwyaf cyffredin dros gwyno yw cyfathrebu a/neu gadw cofnodion gwael. Mae'n rhyfeddol i mi ein bod ni yn 2001 yn dal fel petaem yn cadw pump neu chwe set o gofnodion. Cofnodion cleifion yw cofnodion cleifion. Nid cofnodion meddygon ydynt na chofnodion

think that there are two things about that. Culturally, we have to achieve that objective, but I think that technically we are probably going to have to invest in that achievement of objective by working towards electronic patient records.

nyrsys, na chofnodion ffisios, ond cofnodion cleifion. Yr wyf yn meddwl fod dau beth ynglyn â hynny. Yn ddiwylliannol, rhaid inni gyrraedd y nod hwnnw, ond yn dechnegol mae'n debyg y bydd yn rhaid inni fuddsoddi i gyflawni'r nod hwnnw drwy weithio tuag at gofnodion cleifion electronig.

I am sorry if that sounds a bit of a sales pitch, but I believe in it because I believe that it minimises the amount of time that fairly pressurised clinicians have to spend on duplicating effort when a patient goes on his or her journey through the healthcare system. When I—because I do an awful lot of this work on behalf of the trust—go back over records and try to link events, it is remarkably difficult. So I think that those figures are of concern, and I think that we could, as a health community, do something to address that. However, I think that it needs commitment and probably needs a lot of resource. I think, as has already been mentioned, that we have to make some cultural shifts. However, it can be done, because it does seem to me to be such an obvious thing to do. So I would only agree with what is stated in the report, really.

Mae'n ddrwg gennyf os yw hynny'n swnio'n debyg i froliant gwerthu, ond yr wyf yn credu ynddo am fy mod yn credu ei fod yn lleihau'r amser y mae'n rhaid i glinigwyr sydd eisoes dan gryn bwysau ei dreulio ar ddyblygu ymdrechion pan aiff claf ar ei daith neu ei thaith drwy'r system gofal iechyd. Pan af yn ôl drwy gofnodion—byddaf yn gwneud peth wmbredd o'r gwaith hwn ar ran yr ymddiriedolaeth—a cheisio cysylltu digwyddiadau, mae'n hynod o anodd. Felly yr wyf o'r farn fod y ffigurau hyn yn destun pryder, a chredaf y gallem, fel cymuned iechyd, wneud rhywbeth i ddatrys hynny. Fodd bynnag, credaf fod y gwaith yn galw am ymrwymiad, a llawer o adnoddau, mae'n debyg. Yr wyf yn meddwl, fel a grybwyllwyd eisoes, fod rhaid inni wneud ambell symudiad diwylliannol. Fodd bynnag, y mae modd ei wneud, oherwydd mae'n ymddangos i mi yn beth mor amlwg i'w wneud. Felly ni fyddwn ond yn cytuno â'r hyn a ddywedir yn yr adroddiad, a dweud y gwir.

[142] **Ann Jones:** Hilary, you said you had a little bit further to go than perhaps Mr Edwards's trust. Do you think there is more that you can do? What are the core reasons behind these non-clinical errors that you are going to address?

[142] **Ann Jones:** Hilary, dywedasoch fod gennych chi ychydig yn fwy o ffordd i fynd nag ymddiriedolaeth Mr Edwards, efallai. A ydych chi'n meddwl bod yna fwy y gallwch ei wneud? Beth yw'r rhesymau craidd y tu ôl i'r camgymeriadau anghlinigol hyn yr ydych chi am fynd i'r afael â hwy?

Ms Peplar: I think that we need to constantly work with all staff. I think that there is often an emphasis on induction, new staff and staff in training. It is my experience that we need to work with staff who are often very experienced and here for a long time, and actually talk with them again and again about the importance of effective record keeping. I think that we have to talk with some of the older staff particularly, about communication and the need for taking time over communication and making that communication as effective as possible. I think that, at the moment, in training there is often time spent on some of these areas for new starters. However, I think that it is some of the staff that have been with us for a longer time with whom we need to spend time.

Ms Peplar: Yr wyf yn meddwl bod angen inni weithio'n gyson gyda'r holl staff. Credaf y ceir pwyslais yn aml ar gyflwyno staff, staff newydd a staff mewn hyfforddiant. Yn fy mhrofiad i, mae angen gweithio gyda staff sydd yn aml yn brofiadol iawn ac yma ers amser maith, a mynd ati i siarad â hwy dro ar ôl tro am bwysigrwydd cadw cofnodion yn effeithiol. Credaf fod yn rhaid inni siarad gyda rhai o'r staff hyn yn arbennig, ynghylch cyfathrebu a'r angen i gymryd amser dros gyfathrebu a sicrhau bod y cyfathrebu hwnnw mor effeithiol ag sydd yn bosibl. Credaf fod amser hyfforddi ar hyn o bryd yn cael ei dreulio'n aml ar rai o'r meysydd hyn i staff newydd. Fodd bynnag, yr wyf yn meddwl mai gyda rhai o'r staff sydd wedi bod gyda ni ers cyfnod hirach y mae angen inni dreulio amser.

I think that we need to make it easier, too, for people. What they are being asked to record is

Credaf fod angen inni ei gwneud yn haws i bobl hefyd. Mae'r hyn y gofynnir iddynt ei gofnodi

nowadays a lot more complex than maybe it was 10, 20, 15 years ago. I think that one of the important issues is that we are asking the health service to work across a number of different systems into primary care, back from primary care into the acute and into social care systems, and I think that that is why I would say that it is not just a sales pitch that Sue was making. It is vital that we have electronic connections that ensure we do not have the confusions and complications that have arisen and which underpin, I think, some of these statistics.

[143] **Ann Jones:** The Auditor General provides an example of the potential savings that would arise from reducing the instances of these non-clinical errors by a third. So, in your view, what is a reasonable level of reduction for you to aim for? If you are aiming for that level of reduction, when do you aim to achieve your reduction?

Ms Peplar: It feels like quite a high level at this moment. I am sure in the longer run we should be aiming towards that, and we will do, but I think that we have got a long way to go internally. It is about the culture that we have to change in terms of people seeing the real importance of record keeping and working together, across professions, on effective record keeping. I would look to a two to five year programme, which I know is a very long time, but it is realistic in terms of the demands placed upon clinicians at this moment, and it is something that I think also needs to be kept going. It is not a one-off. It is something that we need to keep working on.

[144] **Ann Jones:** Okay. Do you think you have the systems in place to track how you are doing in reducing these errors, or have you just made a start?

Ms Peplar: Yes, I think that we are getting there. I am more confident.

[145] **Ann Jones:** Would you like to try to tell us some of the systems that you have put in place to reduce these errors?

Ms Peplar: I think that as we examine the complaints and the claims and look at them in some detail, we are becoming clearer and are more able to analyse those and break them down and then return to where they started, but also to return through the whole system. We can then adapt our training in accordance with that so that we reflect what we have learnt from the analysis.

heddiw yn llawer mwy cymhleth nag ydoedd efallai 10, 20, 15 mlynedd yn ôl. Un peth pwysig yn fy marn i yw ein bod yn gofyn i'r gwasanaeth iechyd weithio ar draws nifer o wahanol systemau i mewn i ofal sylfaenol, yn ôl o ofal sylfaenol i'r aciwt ac i mewn i systemau gofal cymdeithasol, a dyna pam, mi dybiaf, y dywedwn innau nad dim ond broliant gwerthu a gawsom gan Sue. Mae'n hanfodol inni gael cysylltiadau electronig fydd yn sicrhau na chawn y dryswch a'r cymhlethdodau a gafwyd ac sydd yn sail, mi gredaf, i rai o'r ystadegau.

[143] **Ann Jones:** Mae'r Archwilydd Cyffredinol yn rhoi enghraifft o'r arbedion potensial a godai o dorri traean ar yr achosion hyn o gamgymeriadau anghlinigol. Felly, yn eich barn chi, beth sydd yn lefel resymol o leihad ichi anelu ati? Os ydych yn anelu at y lefel honno o leihad, pa bryd yr anelwch at sicrhau'r lleihad hwnnw?

Ms Peplar: Mae'n teimlo fel lefel uchel braidd ar hyn o bryd. Yr wyf yn siwr y dylem fod yn anelu at hynny yn y tymor hwy, ac fe wnawn, ond yr wyf yn meddwl fod gennym ffordd bell i fynd yn fewnol. Mae a wnelo hyn â'r diwylliant y mae'n rhaid inni ei newid fel bod pobl yn gweld gwir bwysigrwydd cadw cofnodion a chydweithio, ar draws proffesiynau, ar gadw cofnodion effeithiol. Byddwn i'n edrych am raglen dwy i bum mlynedd, sydd yn amser maith, mi wn, ond sydd yn realistig yn nhermau'r galwadau a wneir ar glinigwyr ar hyn o bryd, ac mae'n rhywbeth y credaf hefyd y mae'n rhaid dal ati gydag ef. Nid rhywbeth unwaith ac am byth ydyw. Mae'n rhywbeth y mae angen inni barhau i weithio arno.

[144] **Ann Jones:** Iawn. Ydych chi'n meddwl fod y systemau yn eu lle gennych i olrhain sut yr ydych yn llwyddo i leihau'r camgymeriadau hyn, ynteu ai dim ond newydd ddechrau yr ydych chi?

Ms Peplar: Ydwyf, yr wyf yn meddwl ein bod ar y trywydd. Yr wyf yn fwy hyderus.

[145] **Ann Jones:** Hoffech chi geisio dweud wrthym beth yw rhai o'r systemau yr ydych wedi'u sefydlu i leihau'r camgymeriadau hyn?

Ms Peplar: Yr wyf yn meddwl wrth inni archwilio'r cwynion a'r hawliadau ac edrych arnynt mewn cryn fanylder, ein bod yn cael darlun cliriach a'n bod yn fwy abl i ddadansoddi'r rhain a'u dadelfennu ac yna i fynd yn ôl i'w man cychwyn, ond hefyd i fynd yn ôl drwy'r system gyfan. Wedyn gallwn addasu'n hyfforddiant yn unol â hynny fel ein bod yn adlewyrchu'r hyn a ddysgwyd o'r dadansoddiad.

[146] **Ann Jones:** Mr Edwards, would you like to answer?

Mr Edwards: Yes. I did not want to come across as complacent in terms of the stage that we have reached, but I think that we have put quite a few things in place. There is a potential reduction. I would not want to put a figure on it. I have already indicated a small figure of £40,000, which will come out of the reconfiguration savings, and we are happy to sign up to that. I think that we need to go in the same direction as Hilary. There is always more that we can do, and I think that the way of monitoring that, as far as the Committee is concerned, is through the new performance management arrangements of the service that will be implemented as a result of the implementation of the new plan for Wales later this year.

[146] **Ann Jones:** Mr Edwards, a hoffech chi ateb?

Mr Edwards: Hoffwn. Nid oeddwn eisiau ymddangos yn hunan-fodlon yn nhermau'r cam yr ydym wedi'i gyrraedd, ond credaf ein bod wedi rhoi tipyn go lew o bethau yn eu lle. Mae yna leihad posibl. Ni hoffwn osod ffigur arno. Yr wyf eisoes wedi crybwyll swm bach o £40,000, a ddaw allan o'r arbedion ar ailgyflunio, ac yr ydym yn hapus i lofnodi i hynny. Credaf fod angen inni fynd i'r un cyfeiriad â Hilary. Y mae rhagor y gallwn ei wneud bob amser, a chredaf mai'r ffordd i fonitro hynny, o safbwynt y Pwyllgor, yw drwy drefniadau rheoli perfformiad newydd y gwasanaeth, a weithredir yn sgîl gweithredu'r cynllun newydd i Gymru'n ddiweddarach eleni.

[147] **Kirsty Williams:** This is on the issue of electronic patient records. Forgive me, Chair, because it is an area that interests me. With regard to your enthusiasm for electronic patient records, would you also admit that for some professionals there are issues about who has access to that information, especially if we are making that information available through from primary care into secondary, tertiary and into social care sectors? There is some nervousness about who may or may not see those patient records. You talked about one system for Wales in terms of recording data with regard to incidents. Would you not agree that we need to be looking to minimise the number of systems capturing patient data in Wales and that we should not be going down the path of having trusts or configurations of trusts developing certain systems that do not talk to systems in the south, mid Wales or, even to systems in England, given the nature of care in Wales, with people having to travel into different trusts?

[147] **Kirsty Williams:** Ar fater cofnodion electronig i gleifion. Maddeuwch imi, Gadeirydd, oherwydd mae'n faes sydd o ddiddordeb imi. Parthed eich brwdfrydedd dros gofnodion cleifion electronig, a fyddech yn cyfaddef hefyd fod rhai gweithwyr proffesiynol yn pryderu ynghylch pwy gâi fynediad at y wybodaeth honno, yn enwedig os ydym yn darparu'r wybodaeth honno drwodd o ofal sylfaenol i mewn i'r sectorau gofal eilaidd, trydyddol a gofal cymdeithasol? Mae rhywfaint o nerfusrwydd ynghylch pwy gaiff a phwy na chaiff weld y cofnodion cleifion hynny. Soniasoch am un system i Gymru yn nhermau cofnodi data ynglyn â digwyddiadau. Oni chytunech fod angen inni edrych tuag at leihau nifer y systemau sydd yn dal data cleifion yng Nghymru ac na ddylem fod yn mynd i lawr y llwybr o gael ymddiriedolaethau neu gyfuniadau o ymddiriedolaethau'n datblygu systemau arbennig na allant siarad â systemau yn y de, y canolbarth, neu hyd yn oed â systemau yn Lloegr, o gofio natur gofal yng Nghymru, lle mae pobl yn gorfod teithio i wahanol ymddiriedolaethau?

Mr Edwards: In terms of the second point, I absolutely agree with that. That is why I made the plea earlier for a single system, not only across Wales, but also integrating claims, incidents and complaints. In relation to your first point, we are a while away from the electronic patient record. There are some confidentiality issues around it both for professionals and for patients. We will need to resolve those. In the information strategy for Wales I think that it is something like five or six years' away and will require more than the investment that we have in the plans so far. Sorry about that.

Mr Edwards: Ar yr ail bwynt, cytunaf yn llwyr â hynny. Dyna pam y gwneuthum y ple yn gynharach am un system unigol, nid yn unig ar draws Cymru, ond hefyd i integreiddio hawliadau, digwyddiadau a chwynion. Parthed eich pwynt cyntaf, yr ydym beth ffordd i ffwrdd oddi wrth y cofnod cleifion electronig. Mae rhai cwestiynau cyfrinachedd yn ei gylch i weithwyr proffesiynol ac i gleifion. Bydd angen datrys y rheini. Yn y strategaeth wybodaeth i Gymru, credaf ei fod rywbeth fel pump neu chwe blynedd i ffwrdd, ac y bydd yn galw am fwy na'r buddsoddiad sydd gennym yn y cynlluniau hyd yma. Mae'n ddrwg gennyf am hynny.

[148] **Janet Davies:** Lynne Neagle would like to ask you some questions about who manages the claims.

[148] **Janet Davies:** Hoffai Lynne Neagle ofyn rhai cwestiynau ichi ynghylch pwy sydd yn rheoli'r hawliadau.

[149] **Lynne Neagle:** My first question is to Ms Peplar. I understand that it was at your trust that the National Audit Office encountered the problems concerning the reporting lines for claims management referred to in paragraph 3.39 of the report. Will you tell us if these problems have been resolved, and, if so, with what outcome?

[149] **Lynne Neagle:** I Ms Peplar y mae fy nghwestiwn cyntaf. Deallaf mai yn eich ymddiriedolaeth chi y canfu'r Swyddfa Archwilio Genedlaethol y problemau gyda'r llinellau adrodd ar gyfer rheoli hawliadau y cyfeirir atynt ym mharagraff 3.39 yr adroddiad. A ddywedwch wrthym a yw'r problemau hyn wedi'u datrys, ac, os ydynt, beth oedd y canlyniad?

Ms Peplar: When the trust was created it went through a particularly difficult year or so. The appointment of the chief executive of the trust in 1999 was late. The person who took up post then became ill some nine months after he took up the post and there was a peculiar period while things were being sorted out in terms of an acting person being put in charge, which was at the point of the visit. My appointment followed and I took up my post in July of last year. Since then, we have started to bring all the systems together so that we are connecting properly. I think that it was just a blip, an unfortunate blip, relating both to when the trust was set up and what happened in the nine-month period following that set-up. I do not think that it was anything deeper or more problematic than that. The systems are now connected up well. We are very clear about the lines of accountability. In terms of risk management and clinical governance, we have non-executives who are chairs of those groups who report directly to the board for those groups. It is very clear who does what.

Ms Peplar: Pan grëwyd yr ymddiriedolaeth fe aeth drwy ryw flwyddyn arbennig o anodd. Yr oedd penodiad prif weithredwr yr ymddiriedolaeth yn 1999 yn hwyr. Wedyn aeth y sawl a gafodd y swydd yn sâl ryw naw mis wedi iddo gymryd y swydd a chafwyd cyfnod rhyfedd tra'r oedd pethau'n cael eu rhoi i drefn yn nhermau rhoi person dros-dro wrth y llyw, a dyna pryd y bu'r ymweliad. Wedyn fe'm penodwyd i a deuthum i'm swydd ym mis Gorffennaf y llynedd. Ers hynny, yr ydym wedi dechrau dod â'r holl systemau ynghyd fel ein bod yn cysylltu'n iawn. Dim ond baglu a wnaethom, gredaf fi, baglad anffodus, yn ymwneud â'r adeg pryd y sefydlwyd yr ymddiriedolaeth a'r hyn a ddigwyddodd yn y cyfnod naw mis wedi'r sefydlu hwnnw. Ni chredaf ei fod yn ddim dyfnach na mwy problemus na hynny. Mae'r systemau bellach wedi'u cysylltu'n dda. Yr ydym yn glir iawn ynghylch llinellau atebolrwydd. Yn nhermau rheoli risg a llywodraethu clinigol, mae gennym bobl anweithredol sydd yn cadeirio'r grwpiau hynny sydd yn adrodd yn uniongyrchol i'r bwrdd ar ran y grwpiau hynny. Mae'n glir iawn pwy sydd yn gwneud beth.

[150] **Lynne Neagle:** Thank you. Mr Edwards, how is the management of claims structured in your trust?

[150] **Lynne Neagle:** Diolch. Mr Edwards, beth yw'r strwythur rheoli hawliadau yn eich ymddiriedolaeth chi?

Mr Edwards: In the paper with which we provided you, the two appendices at the back show the inter-relationship between risk claims and clinical governance. I think that that is clear and I would ask Sue to put a bit more flesh on those particular bones if that is okay with you.

Mr Edwards: Yn y papur a ddarparwyd gennym ichi, mae'r ddau atodiad yn y cefn yn dangos y gydberthynas rhwng hawliadau risg a llywodraethu clinigol. Yr wyf yn meddwl fod hynny'n glir a hoffwn ofyn i Sue roi ychydig mwy o gig ar yr esgyrn arbennig hynny os yw hynny'n iawn gennych chi.

Ms Hobbs: The claims manager—we have a claims manager and an assistant claims manager now—reports to me directly. He is actually part of our clinical governance team. As you can see from the supplementary information, what I was working on and managed to implement within the last year, was actually bringing together a group of very

Ms Hobbs: Bydd y rheolwr hawliadau—mae gennym reolwr hawliadau a rheolwr hawliadau cynorthwyol erbyn hyn—yn adrodd i mi'n uniongyrchol. Yn wir, mae'n rhan o'n tîm llywodraethu clinigol. Fel y gwelwch o'r wybodaeth ategol, yr hyn y bûm i'n gweithio arno, ac y llwyddais i'w weithredu yn ystod y flwyddyn

experienced and senior managers with a lot of expertise, who always, if you like, had a clinical governance function—although maybe it had not been called that before—into a common area both physically and professionally, so that they could share and develop together. So that is the way that it works. It is very much a part of our governance arrangements.

It is quite a big caseload, which is why we have actually now expanded that and given those people more support than they had before. I think that there are, and I would agree entirely, that there are some training needs that need to be met. I think that within Wales we need to perhaps look at how we can best maximise training and opportunities for those people. There is no doubt that they are going to need it in the future. I think that that is also something that has come out of the introduction of the Woolf reforms, and certainly, for example, my assistant claims manager will be starting an LL.M. degree in October this year. I think that these things are going to become almost prerequisite in the future.

[151] **Lynne Neagle:** Thank you. My next question relates to training anyway, and is to both trusts. Can you tell us what you have done to ensure that the relevant staff have had the training necessary to fulfil their demanding roles?

Ms Peplar: Julie is fully trained and has been on the appropriate training that is available. We have had a problem with our claims manager in identifying appropriate training for her. She is actually this year engaged on the Royal College course, but the emphasis in that is far more on risk management and there are only really a couple of modules that actually deal with claims management.

The most useful training that she has been able to acquire—other than going on to some kind of legal qualification, and I would concur that that is the way forward—has been that that has been offered via firms of solicitors. Often for us in North East Wales NHS Trust that means actually going across the border into England. There is a difficulty about different systems there on one or two things, but in terms of the basic principles, that has been the most helpful training that we have been able to get hold of.

She is, as I say, engaged on the Royal College course, but it is not particularly relevant to claims

ddiwethaf, oedd dod ynghyd â grwp o reolwyr uwch a phrofiadol iawn gyda llawer o arbenigedd, a oedd wastad, os hoffwch chi, wedi cael swyddogaeth llywodraethu clinigol—er efallai na chawsai ei alw'n hynny o'r blaen—a dod â hwy i le cyffredin yn gorfforol ac yn broffesiynol, fel y gallent rannu a datblygu gyda'i gilydd. Felly dyna sut y mae'n gweithio. Mae'n rhan bwysig iawn o'n trefniadau llywodraethu.

Mae'n faich achosion gweddol fawr, a dyna pam yr ydym bellach wedi ehangu hynny a rhoi mwy o gefnogaeth i'r bobl hynny nag a gawsant o'r blaen. Credaf fod, a chytunaf yn llwyr, fod rhai anghenion hyfforddi y mae angen eu hateb. Yr wyf yn meddwl bod angen i ni yng Nghymru edrych efallai ar sut y gallwn sicrhau'r hyfforddiant a'r cyfleoedd gorau i'r bobl hynny. Nid oes amheuaeth y bydd arnynt ei angen yn y dyfodol. Credaf fod hynny hefyd yn rhywbeth a ddaeth allan o gyflwyno diwygiadau Woolf, ac yn sicr, er enghraifft, bydd fy rheolwr hawliadau cynorthwyol yn cychwyn gradd LL.M. ym mis Hydref eleni. Yr wyf yn meddwl bod y pethau hyn yn mynd i fod bron yn anhepgor yn y dyfodol.

[151] **Lynne Neagle:** Diolch. Mae a wnelo fy nghwestiwn nesaf â hyfforddiant beth bynnag, ac mae'n gwestiwn i'r ddwy ymddiriedolaeth. A allwch chi ddweud wrthym beth yr ydych wedi'i wneud i sicrhau bod y staff perthnasol wedi cael yr hyfforddiant angenrheidiol i gyflawni'u rolau anodd?

Ms Peplar: Mae Julie wedi'i hyfforddi'n llawn ac wedi derbyn yr hyfforddiant priodol sydd ar gael. Cawsom broblem canfod hyfforddiant priodol i'n rheolwraig hawliadau. Mae hi ar gwrs y Coleg Brenhinol eleni, mewn gwirionedd, ond mae'r pwyslais yn hwnnw yn llawer mwy ar reoli risg, a dim ond un neu ddau o'r modiwlau mewn gwirionedd sydd yn ymdrin â rheoli hawliadau.

Yr hyfforddiant mwyaf defnyddiol y mae hi wedi gallu ei gael—ar wahân i fynd ymlaen at ryw fath o gymhwyster cyfreithiol, ac yr wyf yn cyd-fynd mai dyna'r ffordd ymlaen—yw hwnnw a gynigiwyd drwy gwmnïau cyfreithwyr. Yn aml i ni yn Ymddiriedolaeth GIG Gogledd Ddwyrain Cymru bydd hynny'n golygu mynd dros y ffin i Loegr. Ceir anhawster ynghylch systemau gwahanol yno ar un neu ddau o bethau, ond yn nhermau'r egwyddorion sylfaenol, dyna oedd yr hyfforddiant mwyaf buddiol y gallem gael gafael arno.

Y mae hi, fel y dywedais, yn dilyn cwrs y Coleg Brenhinol, ond nid yw'n arbennig o berthnasol i

management, and we do need a course that is both relevant and accredited. There is nothing available at the moment.

reoli hawliadau, ac mae angen cwrs sydd yn berthnasol ac wedi'i achredu. Nid oes dim byd ar gael ar hyn o bryd.

Mr Edwards: The only thing that I would like to add is that, Cardiff and Vale NHS Trust being a relatively new trust, we are trying to grow a new culture, arising really from five previous cultures and that is going to take a while. It does not happen in five minutes.

Mr Edwards: Yr unig beth yr hoffwn i ei ychwanegu yw bod Ymddiriedolaeth GIG Caerdydd a'r Fro, fel ymddiriedolaeth gymharol newydd, yn ceisio tyfu diwylliant newydd, sydd yn codi yn y bôn o bum diwylliant blaenorol, ac mae hynny'n mynd i gymryd amser. Nid yw'n digwydd mewn pum munud.

We have an organisational development programme, which has been running for over a year now. It will continue to run, I think, for—I do not know—certainly the next five years. It is within that context that I think that I need to answer the question because if we are looking to try to reduce incidents, then we have to have a proper development programme to meet the needs of the organisation.

Mae gennym raglen ddatblygu corfforaethol, sydd yn rhedeg ers dros flwyddyn bellach. Bydd yn parhau i redeg, mi gredaf, am—wn i ddim—yn sicr y pum mlynedd nesaf. O fewn y cyd-destun hwnnw y mae angen imi ateb y cwestiwn, yr wyf yn meddwl, oherwydd os ydym am geisio lleihau nifer y digwyddiadau, yna rhaid inni gael rhaglen ddatblygu iawn i ateb anghenion y sefydliad.

In terms of the claims department, the claims manager is Institute of Healthcare Management qualified, with 20 years' experience of claims. He is very confident.

O ran yr adran hawliadau, mae gan y rheolwr hawliadau gymhwyster gyda'r Sefydliad Rheoli Gofal Iechyd, gydag 20 mlynedd o brofiad gyda hawliadau. Mae'n hyderus iawn.

The assistant, as Sue has already said, is embarking on the Masters in Law in October. We are encouraging people to get professional qualifications and the necessary skills training that they need to do the job.

Mae'r rheolwr cynorthwyol, fel y dywedodd Sue yn barod, yn ymgymryd â chwrs gradd Meistr yn y Gyfraith ym mis Hydref. Anogwn bobl i gael cymwysterau proffesiynol a hyfforddiant yn y sgiliau angenrheidiol y mae eu hangen arnynt i wneud y gwaith.

[152] **Lynne Neagle:** Thank you. I understand that in both your trusts, the number of new claims exceeded those that you resolved during that particular year. Can you tell us what practical steps you have taken to deal with that backlog?

[152] **Lynne Neagle:** Diolch. Deallaf fod nifer yr hawliadau newydd, yn eich dwy ymddiriedolaeth, yn uwch na'r nifer a ddatryswyd gennych yn ystod y flwyddyn arbennig honno. A allwch chi ddweud wrthym pa gamau ymarferol yr ydych wedi'u cymryd i ddelio â'r llwyth hwnnw sydd wedi cronni?

Ms Peplar: It is quite a difficult one, this one, in terms of what we actually focus upon, and spend our time upon. Some choices have been made, I think, to try to look at those that were already outstanding rather than address the new ones. Sometimes, you can speed up the new ones, and we have looked at whether or not the introduction of mediation, or whatever, would help. However, there has been a reluctance, particularly from claimants, to actually engage in that form of approach. We have found it very difficult to speed things up through those kinds of approaches.

Ms Peplar: Mae hwn yn fater eithaf anodd, yn nhermau beth y canolbwyntiwn arno mewn gwirionedd, a threulio'n hamser arno. Mae rhai dewisiadau wedi'u gwneud, mi gredaf, i geisio delio â'r rheini a oedd yn aros yn barod yn hytrach na delio â'r rhai newydd. Weithiau, gallwch gyflymu'r rhai newydd, ac yr ydym wedi ystyried a fyddai cyflwyno cyfryngu, neu beth bynnag, yn helpu. Fodd bynnag, ceid amharodrwydd, yn enwedig gan hawlwyr, i ymgymryd â'r modd hwnnw o fynd ati. Yr ydym wedi'i chael yn anodd iawn cyflymu pethau drwy'r mathau hynny o ddulliau.

[153] **Lynne Neagle:** Right. Mr Edwards?

[153] **Lynne Neagle:** Iawn. Mr Edwards?

Mr Edwards: Just a comment on mediation. It does not seem to have been grasped with enthusiasm, and there are people who feel that it is perhaps an expensive solution. However, I think that it is probably worth pursuing that, and structured settlements, in terms of claims. For us, I think that the claims review panel and the way in which we look to try to settle before it gets anywhere near court is actually helping us to keep the time down. In terms of the numbers, I was talking to the claims manager yesterday, Sue, and he seems to feel that the numbers of claims are actually levelling out, as we tend to get a smaller number of firms helping genuine claimants. He thinks that that trend might well continue. Although the costs will go up, the numbers of claims will not increase, and certainly not at the same rate.

Mr Edwards: Dim ond sylw ar gyfryngu. Nid yw'n ymddangos iddo gydio ac ennyn brwdfrydedd, a cheir pobl sydd yn teimlo mai ateb drud ydyw efallai. Fodd bynnag, yr wyf yn meddwl ei bod yn werth mynd ar ôl hynny, a setliadau strwythuredig, mae'n debyg, yn nhermau hawliadau. I ni, yr wyf yn meddwl bod y panel adolygu hawliadau a'r ffordd y ceisiwn setlo cyn mynd ar gyfyl llys yn ein helpu i gadw'r amser i lawr. O ran y niferoedd, yr oeddwn yn siarad â'r rheolwr hawliadau ddoe, Sue, ac mae ef fel pe bai'n teimlo bod niferoedd yr hawliadau'n dechrau lefelu, gan ein bod yn tueddu i gael nifer lai o gwmnïau'n cynorthwyo hawlwyr didwyll. Mae'n meddwl y gallai'r duedd honno yn hawdd barhau. Er yr aiff y costau i fyny, ni fydd cynnydd yn nifer yr hawliadau, ac yn sicr nid ar yr un raddfa.

[154] **Lynne Neagle:** I have one final question. At a previous session on clinical negligence, the point was made that some of the backlog might be caused by the failure of trusts to be proactive in clearing out old claims, that is, closing old claims that they know are not going to proceed. Is that something that you have been doing?

[154] **Lynne Neagle:** Mae gennyf un cwestiwn terfynol. Mewn sesiwn flaenorol ar esgeulustod clinigol, gwnaethpwyd y pwynt y gallai rhywfaint o'r llwyth gwaith oedd wedi cronni fod wedi'i achosi gan fethiant ymddiriedolaethau i fod yn rhagweithiol wrth glirio hen hawliadau allan, hynny yw, cau hen hawliadau y gwyddant nad ydynt yn mynd rhagddynt. A yw hynny'n rhywbeth yr ydych chi wedi bod yn ei wneud?

Ms Peplar: We have certainly looked at this, and there are a couple perhaps, but there are not that many in the pipeline that we could deal with in that way. However, after receiving this report we did look at that, and the non-executive who leads on complaints is reviewing each claim individually for us. However, at the moment, it feels as though there are only a couple that we can do in that way.

Ms Peplar: Yr ydym yn sicr wedi edrych ar hyn, ac efallai fod un neu ddau, ond nid oes cymaint â hynny ar y gweill y gellid delio â hwy fel yna. Fodd bynnag, ar ôl derbyn yr adroddiad hwn fe fu inni edrych ar hynny, ac mae'r person anweithredol sydd yn arwain ar gwynion yn adolygu pob hawliad yn unigol inni. Fodd bynnag, ar y funud, y mae'n debyg mai dim ond un neu ddau y gallwn ymwneud â hwy fel yna.

Mr Edwards: I think for us, as I said in reply to Mr Wigley, we still have some old claims, but not many. Looking at my claims record now, they are claims from 1999 and 2000. There are one or two that go back quite a long way. I think that we could perhaps do a little bit more to clear those remaining claims, but they are very few in terms of the total numbers that we have.

Mr Edwards: Yr wyf yn meddwl o'n rhan ni, fel y dywedais mewn ateb i Mr Wigley, fod gennym rai hen hawliadau o hyd, ond nid llawer. O edrych ar fy nghofnod hawliadau yn awr, hawliadau ydynt o 1999 a 2000. Y mae un neu ddau sydd yn mynd yn ôl gryn amser. Credaf efallai y gallem wneud ychydig bach mwy i glirio'r hawliadau hynny sydd yn aros, ond ychydig iawn ydynt yn nhermau'r cyfansymiau sydd gennym.

[155] **Alun Cairns:** I would like Mr Edwards to clarify one of the answers that he gave to Lynne Neagle. He mentioned that, having chatted with your claims manager, the numbers of claims, rather than their value, had reduced. He said that that was happening because fewer claims were being made because—this was the implication—claimants were finding it more difficult to get legal advice. Are you saying that the changes in the law, which have withdrawn legal aid for civil cases,

[155] **Alun Cairns:** Hoffwn i Mr Edwards egluro un o'r atebion a roddodd i Lynne Neagle. Yn dilyn sgwrs gyda'ch rheolwr hawliadau soniodd fod niferoedd yr hawliadau, yn hytrach na'u gwerth, wedi gostwng. Dywedodd fod hynny'n digwydd am fod llai o hawliadau'n cael eu gwneud oherwydd—dyma oedd yr ymhlygiad—fod hawlwyr yn ei chael yn anos cael cyngor cyfreithiol. A ydych chi'n dweud bod y newidiadau yn y gyfraith, sydd wedi dileu cymorth

are putting you in a stronger position?

cyfreithiol ar gyfer achosion sifil, yn eich rhoi chi mewn sefyllfa gryfach?

Mr Edwards: I hope that I was not implying that.

Mr Edwards: Gobeithio nad oeddwn yn awgrymu hynny.

[156] **Alun Cairns:** I just wanted clarification.

[156] **Alun Cairns:** Dim ond eisiau eglurhad yr oeddwn.

Mr Edwards: The legal aid franchise scheme provides claimants with more professional help. That is really the point. So I think that they are able to get better help than previously, when you had firms of solicitors that perhaps were not quite experienced in the field of medical negligence. That—how can I put it—would waste quite a lot of time inappropriately, not for the claimant, but for everyone else. I think that it can now be much more focused.

Mr Edwards: Mae'r cynllun masnachfraint cymorth cyfreithiol yn darparu mwy o gymorth proffesiynol i hawlwyr. Dyna'r pwynt, mewn gwirionedd. Felly yr wyf yn meddwl eu bod yn gallu cael gwell cymorth nag o'r blaen, pan oedd gennych gwmnïau o gyfreithwyr nad oedd efallai lawn mor brofiadol ym maes esgeulustod meddygol. Byddai hynny—sut y gallaf eirio'r peth—yn gwastraffu cryn dipyn o amser yn amhriodol, nid i'r hawliwr, ond i bawb arall. Yr wyf yn meddwl y gall fod â llawer mwy o ffocws erbyn hyn.

[157] **Janet Davies:** I also seek some clarification, Ms Peplar. When you spoke about making choices about dealing with older cases or the newer cases, is there any danger of you falling foul of some of the Woolf reforms, in the matter of time, with the new cases?

[157] **Janet Davies:** Hoffwn innau gael eglurhad, Ms Peplar. Pan soniasoch am wneud dewisiadau ynghylch delio ag achosion hŷn neu'r achosion mwy newydd, a oes unrhyw berygl ichi dramgwyddo rhai o ddiwygiadau Woolf, ar fater amser, gyda'r achosion newydd?

Ms Peplar: I do not think so. We are fortunate in that the non-executive who takes a lead on this is a solicitor, so the advice that we are getting, I think, is fairly up-to-date and straightforward on that, which is why we have that person to do that.

Ms Peplar: Nid wyf yn meddwl. Yr ydym yn ffodus mai cyfreithiwr yw'r person anweithredol sydd yn arwain ar hyn, felly mae'r cyngor a gawn, mi gredaf, yn weddol ddiweddar a syml ar hynny, a dyna pam y cawn y person hwnnw i wneud hynny.

[158] **Janet Davies:** Janice Gregory wants to ask some questions on legal services.

[158] **Janet Davies:** Mae ar Janet Gregory eisiau gofyn nifer o gwestiynau am wasanaethau cyfreithiol.

[159] **Janice Gregory:** I declare a small interest, as my daughter is a trainee nurse in the Cardiff and Vale NHS Trust. I wanted to put that on record as I have a specific question for Mr Edwards.

[159] **Janet Gregory:** Datganaf fuddiant bychan, gan fod fy merch yn nyrs dan hyfforddiant yn Ymddiriedolaeth GIG Caerdydd a'r Fro. Yr oedd arnaf eisiau cofnodi hynny gan fod gennyf gwestiwn penodol i Mr Edwards.

I direct this question at Mr Edwards, although it is for both trusts. The Auditor General for Wales reports that most trusts rely heavily on the work of Welsh Health Legal Services, the services of which they do not pay for. Indeed, looking at our brief, I see that trusts are now required to use those services in order to maintain membership of the Welsh Risk Pool. Are you content with the current arrangements for the provision of legal advice on clinical negligence or would you prefer to have a degree of choice on this matter? Ms Hobbs mentioned that she has an assistant who is

Cyfeiriaf y cwestiwn hwn at Mr Edwards, er mai cwestiwn i'r ddwy ymddiriedolaeth ydyw. Mae Archwilydd Cyffredinol Cymru'n adrodd fod y rhan fwyaf o ymddiriedolaethau yn dibynnu'n drwm ar waith Gwasanaethau Cyfreithiol Iechyd Cymru, gwasanaethau a dderbyniant yn ddi-dâl. Yn wir, wrth edrych ar ein brîff, gwelaf ei bod bellach yn ofynnol ar i ymddiriedolaethau ddefnyddio'r gwasanaethau hynny er mwyn cadw'u haelodaeth o Gronfa Risg Cymru. A ydych yn fodlon gyda'r trefniadau cyfredol ar gyfer darparu cyngor cyfreithiol ar esgeulustod clinigol

taking a Masters degree. So I am thinking of in-house legal advice.

ynteu a fyddai'n well gennych gael rhyw radd o ddewis ar y mater hwn? Soniodd Ms Hobbs fod ganddi gynorthwy-ydd sydd yn astudio am radd Meistr. Meddwl yr wyf am gyngor cyfreithiol oddi mewn i'r sefydliad felly.

Mr Edwards: May I make a general reply to that? Having settled very happily in Wales over the last 18 months—but therefore having, more recently, experience of the English system—the sense that I have is that we are getting very good value for money out of Welsh Health Legal Services and the pooling arrangements. Do not ask me for the evidence of that. However, I did actually put the same question to my colleagues, who have also had experience of the clinical negligence scheme for trusts in England. There are some good aspects of that, which we might want to touch on; the area of incentivisation in particular is something that we might want to discuss. However, I think that we actually get remarkably good value for money from that system. I am not complacent, but very content with the quality of the service that we get. I think that Wales has done well with that system, and it is to be congratulated.

Mr Edwards: A gaf i roi ateb cyffredinol i hynny? A minnau wedi ymgartrefu'n hapus iawn yng Nghymru dros y 18 mis diwethaf—ond a chennyf, felly, yn fwy diweddar, brofiad o'r system yn Lloegr—y teimlad a gaf fi yw ein bod yn cael gwerth da iawn am ein harian gan Wasanaethau Cyfreithiol Iechyd Cymru a'r trefniadau cronfa. Peidiwch â gofyn imi am y dystiolaeth o blaid hynny. Fodd bynnag, fe ofynnais yr un cwestiwn i'm cydweithwyr, hwythau hefyd wedi cael profiad o'r cynllun esgeulustod clinigol i ymddiriedolaethau yn Lloegr. Mae rhai agweddau da i hwnnw, yr hoffem efallai gyffwrdd arnynt; mae maes cymhelliant yn enwedig yn rhywbeth yr hoffem ei drafod efallai. Fodd bynnag, yr wyf yn meddwl ein bod yn cael gwerth hynod o dda am ein harian o'r system honno. Nid wyf yn hunanfoddhaus, ond yn fodlon iawn ar ansawdd y gwasanaeth a gawn. Credaf fod Cymru wedi gwneud yn dda gyda'r system honno, a dylid ei llongyfarch.

[160] **Janice Gregory:** Before I move on to Ms Peplar then, may I ask you whether you would be looking at in-house legal advice?

[160] **Janet Gregory:** Cyn imi symud ymlaen at Ms Peplar felly, a gaf fi ofyn i chi a fyddech chi'n edrych ar gyngor cyfreithiol oddi mewn?

Mr Edwards: No, I would not. I think that it is a very specialist area. If you look at what is happening in the market place, you see fewer, larger, more specialised firms coming together to deal with this work, and I think that having an in-house service would mitigate against that.

Mr Edwards: Na, fyddwn i ddim. Yr wyf yn meddwl ei fod yn faes arbenigol iawn. Os edrychwch ar yr hyn sydd yn digwydd yn y farchnad, gwelwch lai o gwmnïau mwy o faint, mwy arbenigol, yn dod ynghyd i ddelio â'r gwaith hwn, ac yr wyf yn meddwl y byddai cael gwasanaeth oddi mewn yn milwrio yn erbyn hynny.

[161] **Janice Gregory:** Excuse me if I am being a little obtuse, but then why are you encouraging staff to take degrees in law? I do not think that it is a bad idea; I am just asking why that is the case. If you are not looking for any in-house legal advice or services, why are you doing that?

[161] **Janet Gregory:** Esgusodwch fi os wyf yn bod ychydig yn dwp, ond pam felly yr ydych chi'n annog staff i wneud graddau yn y gyfraith? Nid wyf yn meddwl ei fod yn syniad drwg; dim ond yn gofyn pam. Os nad ydych yn edrych am unrhyw gyngor na gwasanaethau cyfreithiol mewnol, pam yr ydych yn gwneud hynny?

Mr Edwards: I think that there are different aspects of this.

Mr Edwards: Yr wyf yn meddwl fod gwahanol agweddau ar hyn.

Ms Hobbs: I am more than happy to pick that up. In terms of personal development, it is an area that this particular member of staff would like to develop.

Ms Hobbs: Yr wyf yn fwy na hapus i ateb y pwynt hwn. Yn nhermau datblygiad personol, mae'n faes y byddai'r aelod staff arbennig hwn yn hoffi ei ddatblygu.

[162] **Janice Gregory:** That is wonderful.

[162] **Janet Gregory:** Mae hynny'n fendigedig.

Ms Hobbs: That is brilliant. However, I would also say that within the work of the legal team, they do not just deal with negligence claims. I would agree with everything that David has said. Welsh Health Legal Services is superb, and I find it very supportive, of high quality, very professional, and in the clinical claims review committee it is an excellent partner. I think that having some expertise in-house helps in two ways. First, I think that it can help us look very critically—in terms of early assessment—at when, perhaps, a vexatious complainant might need to be managed, or perhaps other members of staff or the whole claims or complaints or incident area. We feel that having somebody in-house who has a legal degree or legal background, would be an asset to the team. We have used people, on a consultancy basis, who are perhaps either medically and/or legally qualified to give us some independent advice. In the light of that fact, and in the absence of an accredited training scheme that offers people good legal expertise, for an individual to actually pursue that is good news, and I would certainly support that.

Ms Hobbs: Mae hynny'n wych. Fodd bynnag, dylwn ddweud hefyd nad delio â hawliadau esgeulustod yn unig a wneir o fewn gwaith y tîm cyfreithiol. Cytunaf hefyd â phopeth a ddywedodd David. Mae Gwasanaethau Cyfreithiol Iechyd Cymru yn benigamp, ac yr wyf yn eu cael yn gefnogol iawn, o ansawdd uchel, yn broffesiynol iawn, ac yn bartner ardderchog yn y pwyllgor adolygu hawliadau clinigol. Credaf fod cael rhywfaint o arbenigedd yn fewnol yn y sefydliad yn helpu mewn dwy ffordd. Yn gyntaf, yr wyf yn meddwl y gall ein helpu ni i edrych yn feirniadol iawn—yn nhermau asesiad cynnar—ar ba bryd y gallai fod angen rheoli achwynwr blinderus, efallai, neu efallai aelodau staff eraill neu'r holl faes hawliadau neu gwynion neu ddigwyddiadau. Teimlwn fod cael rhywun yn fewnol sydd â gradd yn y gyfraith neu gefndir cyfreithiol yn gaffaeliad i'r tîm. Yr ydym wedi defnyddio pobl, ar sail ymgynghoriaeth, sydd efallai'n gymwys yn feddygol a/neu'n gyfreithiol i roi cyngor annibynnol inni. Yn wyneb y ffaith honno, ac yn absenoldeb cynllun hyfforddi achrededig sydd yn cynnig arbenigedd cyfreithiol da i bobl, mae i unigolyn fynd amdani yn newyddion da, ac yn rhywbeth y byddwn i yn sicr yn ei gefnogi.

[163] **Janice Gregory:** So it is an 'additional' rather than an 'instead of'.

[163] **Janet Gregory:** Felly 'ychwanegol' ydyw yn hytrach nag 'yn lle'.

Ms Hobbs: Absolutely.

Ms Hobbs: Yn hollol.

[164] **Janice Gregory:** Ms Peplar, do you want me to repeat the question? It was rather long winded.

[164] **Janet Gregory:** Ms Peplar, a hoffech imi ailadrodd y cwestiwn? Yr oedd braidd yn hirwyntog.

Ms Peplar: No, that is fine. I would support exactly what has been said about Welsh Health Legal Services. Having not long come across the border, I am very clear about the value for money that is there and the appropriateness of support. The advice given is very sound. There are real issues about size. We were talking about Cardiff and Vale NHS Trust, which is a large trust, whereas mine is a medium-sized trust in Wales. I think that there are real issues about size in terms of both the ability to take over perhaps one's legal services—which I do not think is a good idea—and also access to training, that need to be considered. The smaller trusts will have great difficulty in releasing people for some of the training that is available. It is something that we need to recognise in making recommendations.

Ms Peplar: Na, popeth yn iawn. Cefnogaf yn union beth a ddywedwyd am Wasanaethau Cyfreithiol Iechyd Cymru. A minnau wedi dod dros y ffin yn weddol ddiweddar, yr wyf yn glir iawn ynghylch y gwerth am arian a roddir a phriodoldeb y gefnogaeth. Mae'r cyngor a roddir yn ddibynadwy iawn. Ceir cwestiynau gwirioneddol am y maint. Yr oeddem yn sôn am Ymddiriedolaeth GIG Caerdydd a'r Fro, sydd yn ymddiriedolaeth fawr, tra mai ymddiriedolaeth ganolig ei maint yng Nghymru yw f'un i. Yr wyf yn meddwl bod cwestiynau gwirioneddol am faint, yn nhermau'r gallu i ymgymryd â'ch gwasanaethau cyfreithiol eich hunain efallai—nad yw'n syniad da yn fy marn i—a hefyd o ran mynediad at hyfforddiant, y mae angen eu hystyried. Caiff yr ymddiriedolaethau llai anhawster mawr i ryddhau pobl ar gyfer rhai o'r cyrsiau hyfforddiant sydd ar gael. Dyma rywbeth y mae angen inni ei gydnabod wrth wneud argymhellion.

I think that what I am interested in is people having an understanding of the legal position. Perhaps not developing an expertise, but being able to engage in increasingly more complex debates and discussions with our legal advisers, as the cases that they deal with are becoming more complex. That is very helpful to me.

Yr wyf yn meddwl mai'r hyn sydd yn fy niddori i yw bod pobl yn ennill dealltwriaeth o'r sefyllfa gyfreithiol. Efallai nid yn datblygu arbenigedd, ond yn gallu cymryd rhan mewn dadleuon a thrafodaethau mwyfwy cymhleth gyda'n cynghorwyr cyfreithiol, gan fod yr achosion y maent yn delio â hwy fynd yn fwy cymhleth. Mae hynny'n fuddiol iawn i mi.

[165] **Janice Gregory:** Thank you. I have one further question, and it is specifically to Mr Edwards. I understand that Llandough Hospital, before it was merged as part of the new trust, used to employ a private firm of solicitors to handle its clinical negligence claims. Why was that, given that Welsh Health Legal Services, of which you are both very supportive, offers specialist legal advice for free?

[165] **Janet Gregory:** Diolch. Mae gennyf un cwestiwn pellach, a chwestiwn i Mr Edwards yn benodol ydyw. Deallaf yr arferai Ysbyty Llandochau, cyn iddo gael ei gyfuno yn rhan o'r ymddiriedolaeth newydd, gyflogi cwmni preifat o gyfreithwyr i ymdrin â'i hawliadau esgeulustod clinigol. Pam oedd hynny, o gofio bod Gwasanaethau Cyfreithiol Iechyd Cymru, yr ydych chi'ch dau mor gefnogol ohonynt, yn cynnig cyngor cyfreithiol arbenigol am ddim?

Mr Edwards: I think that it is a throwback to the individual choice that was open to trusts to make that particular decision. Now that we are part of a merged organisation, I think that we will be reviewing that situation when the contract comes to an end.

Mr Edwards: Yr wyf yn meddwl mai adlais ydyw o'r dewis unigol oedd yn agored i ymddiriedolaethau ar gyfer gwneud y penderfyniad arbennig hwnnw. A ninnau bellach yn rhan o sefydliad cyfunedig, yr wyf yn credu y byddwn yn adolygu'r sefyllfa honno pan ddaw'r contract i ben.

[166] **Janice Gregory:** Right. I have a small supplementary question. Have the staff from Llandough noticed a difference in the quality of service that they now receive from Welsh Health Legal Services, compared with that of the private firm?

[166] **Janet Gregory:** Iawn. Mae gennyf gwestiwn atodol bach. A yw'r staff o Landochau wedi sylwi ar wahaniaeth yn ansawdd y gwasanaeth a gânt bellach gan Wasanaethau Cyfreithiol Iechyd Cymru, o gymharu â gwasanaeth y cwmni preifat?

Mr Edwards: I am not sure that I have asked that specific question, so I would not want to answer you without doing so. However, I am more than happy to ask it. I do not know whether Sue has any particular evidence about that. I would not want to just say 'yes' without really being able to advise the Committee that that was the case.

Mr Edwards: Nid wyf yn siwr fy mod wedi gofyn y cwestiwn penodol hwnnw, felly ni fyddwn yn dymuno ateb eich cwestiwn heb wneud hynny. Fodd bynnag, yr wyf yn fwy na bodlon i'w ofyn. Ni wn a oes gan Sue unrhyw dystiolaeth arbennig am hynny. Ni hoffwn ddweud 'ydynt' heb fod yn gallu dweud yn wir wrth y Pwyllgor mai felly yr oedd hi.

[167] **Janice Gregory:** But you are very pleased on the whole—both of you—with the services that are being provided by Welsh Health Legal Services?

[167] **Janet Gregory:** Ond yr ydych chi'n falch iawn ar y cyfan—chi eich dau—gyda'r gwasanaethau a ddarperir gan Wasanaethau Cyfreithiol Iechyd Cymru?

Mr Edwards: I think that it is excellent value for money, I really do.

Mr Edwards: Yr wyf fi'n meddwl ei fod yn werth ardderchog am arian, ydwyf wir.

Ms Hobbs: I do not think that I would have much to add. I have enjoyed working in Wales for four years now, and have been dealing with managing complaints for some time, in Wales and England. Certainly in England we dealt with an external company that was very professional, and the company that the University of Wales and

Ms Hobbs: Nid wyf yn meddwl y byddai gennyf lawer i'w ychwanegu. Yr wyf wedi mwynhau gweithio yng Nghymru ers pedair blynedd bellach, a delio â chwynion rheoli ers peth amser, yng Nghymru a Lloegr. Yn sicr yn Lloegr yr oeddem yn delio â chwmni allanol a oedd yn broffesiynol iawn, ac yr oedd y cwmni yr oedd Ymddiriedolaeth

Llandough Hospital NHS Trust dealt with was very professional and very good, and I think that the trust was provided with a very good service. We have been through a tendering process; we have determined our future. I think that staff on the ground probably would not maybe notice the draft. I think that what we have done through the clinical claims review committee is expose clinicians, particularly, to that immediate opportunity for partnership learning through the legal and the medical profession. However, I do not think that there has been a draft, I really do not.

NHS Ysbyty Prifysgol Cymru a Llandochau yn delio ag ef yn un proffesiynol iawn a da iawn, ac yr wyf yn credu y darperid gwasanaeth da iawn i'r ymddiriedolaeth. Buom drwy broses dendro, yr ydym wedi penderfynu ar ein dyfodol. Yr wyf yn amau na fyddai'r staff ar y llawr efallai'n sylwi ar y drafft. Yr wyf yn meddwl mai'r hyn yr ydym wedi'i wneud drwy'r pwyllgor adolygu hawliadau clinigol yw agor y drws i glinigwyr, yn arbennig, gael y cyfle hwnnw'n syth i ddysgu drwy bartneriaeth drwy'r proffesiwn cyfreithiol a meddygol. Fodd bynnag, nid wyf yn credu fod drafft wedi digwydd, nac ydwyf wir.

[168] **Alun Cairns:** Madam Chairman, I have a question for you, and possibly for Sir John Bourn. Is it within the remit of this Committee, under this investigation, to analyse the potential cost differences, given that the costs of the Welsh Health Legal Services are borne by the Assembly, in outsourcing that to outside expertise?

[168] **Alun Cairns:** Madam Cadeirydd, mae gennyf gwestiwn i chi, ac o bosibl i Syr John Bourn. A ydyw o fewn cylch gwaith y Pwyllgor hwn, dan yr ymchwiliad hwn, i ddadansoddi'r gwahaniaethau costau potensial, o gofio mai'r Cynulliad sydd yn talu costau Gwasanaethau Cyfreithiol Iechyd Cymru, o roi hwnnw allan i arbenigwyr allanol?

[169] **Janet Davies:** I think that Sir John needs to answer that.

[169] **Janet Davies:** Yr wyf yn meddwl bod angen i Syr John ateb hynny.

Sir John Bourn: It would certainly be something that the Auditor General for Wales and the National Audit Office could look at. Cost comparisons between different ways of carrying out activities involving both the public and the private sector certainly lie within our capacities. Of course, while we have direct access to the books and records and costs of public sector providers, we do not have direct access to private sector providers, so any work that we do that involves consultation with them rests on their willingness to assist us. I have to say, when I have gone to the private sector for help, I have in almost all cases been given it. However, there is a difference between having a right to have it and being given it in a spirit of co-operation.

Syr John Bourn: Byddai'n sicr yn rhywbeth y gallai Archwilydd Cyffredinol Cymru a'r Swyddfa Archwilio Genedlaethol edrych arno. Mae cymharu costau rhwng gwahanol ffyrdd o gyflawni gweithgareddau sydd yn ymwneud â'r sectorau cyhoeddus a phreifat ill dau yn sicr yn beth sydd o fewn ein gallu. Wrth gwrs, tra bod gennym fynediad uniongyrchol at lyfrau a chofnodion a chostau darparwyr y sector cyhoeddus, nid oes gennym fynediad uniongyrchol at ddarparwyr y sector preifat, felly mae unrhyw waith a wnawn sydd yn golygu ymgynghori â hwy yn dibynnu ar eu parodrwydd hwy i'n helpu. Rhaid imi ddweud, pan yr wyf wedi mynd at y sector preifat am gymorth, fe'i rhoddwyd imi ymron bob achos. Fodd bynnag, y mae gwahaniaeth rhwng bod â hawl i'w gael a bod rhywun yn ei roi mewn ysbryd o gydweithrediad.

[170] **Janet Davies:** Dafydd, would you like to ask a few questions?

[170] **Janet Davies:** Dafydd, a hoffech chi ofyn ambell gwestiwn?

[171] **Dafydd Wigley:** Yr wyf eisiau gofyn cwestiynau ynglyn â'r amser a gymerir i setlo ceisiadau. Mae'r Archwilydd Cyffredinol wedi tynnu ein sylw at y ffaith, ar gyfartaledd dros Gymru, ei bod yn cymryd dros bedair blynedd i setlo achosion o ddyddiad y digwyddiad i amser y setliad. Fodd bynnag, derbyniaf yn eich achosion chi eich bod fymryn bach yn well na'r cyfartaledd—rhyw dair blynedd yr un, ac fe'ch llongyfarchaf ar hynny. Beth yn eich barn chi yw'r amserlen briodol a derbyniol ar gyfer darparu

[171] **Dafydd Wigley:** I would like to ask questions about the time taken to settle claims. The Auditor General has highlighted the fact that, on average across Wales, it takes over four years to settle cases from the date of the event to the time of the settlement. However, I accept in your cases that you are slightly better than average—around three years each, and I congratulate you on that. What in your view is the appropriate and acceptable timetable for providing compensation for patients who have suffered from negligence?

iawndal i gleifion a ddioddefodd yn sgîl esgeulustod?

Mr Edwards: If I could start, I think that an element of that four plus years is complainants themselves deciding that they want to actually come forward, and I think that a figure of two years is put on that. For us, we have managed a three-year timescale. I think that that is mainly because we have our independent internal review where, if very senior clinicians are saying, 'Yes, we are going to have to really say that this is something that we got wrong', we say 'Let us stop messing around and settle it'. I think that that is enabling us to make the three-year target rather than the 4.3 years. I am not so sure that it can actually be much less than that, but I would be interested in what colleagues would have to say about it.

Mr Edwards: Os caf fi ddechrau, yr wyf yn meddwl mai un elfen o'r pedair blynedd a mwy hynny, yw yr achwynwyr eu hunain yn penderfynu eu bod am ddod ymlaen, ac yr wyf yn meddwl y rhoddir ffigur o ddwy flynedd ar hynny. O'n rhan ni, yr ydym wedi llwyddo i gael amserlen dair blynedd. Yr wyf yn meddwl fod hynny'n bennaf oherwydd bod gennym ein hadolygiad mewnol annibynnol lle, os dywed clinigwyr uchel iawn, 'Ydym, yr ydym yn mynd i orfod dweud fod hyn yn rhywbeth yr ydym wedi ei wneud yn anghywir', fe ddywedwn ni 'Gadewch inni beidio â chwarae o gwmpas a setlo'r mater'. Yr wyf yn meddwl fod hynny'n ein galluogi i daro'r targed tair blynedd yn hytrach na'r 4.3 blynedd. Nid wyf mor siwr y gall fod yn llawer llai na hynny mewn gwirionedd, ond byddai gennyf ddiddordeb yn yr hyn y byddai gan gyd-swyddogion i'w ddweud am hynny.

[172] **Dafydd Wigley:** A gaf efallai bwyso mymryn bach ymhellach ar hynny? Beth yw'r amser priodol o'r adeg pan fo'r claf yn gwneud cwyn i'r adeg pan wneir y setliad? Os oes cyfnod hir cyn i gleifion gwyno a thynnu sylw at y peth, efallai mai'r cwestiwn priodol yw hyd y cyfnod rhwng yr adeg y maent yn tynnu eich sylw at y mater a'r adeg y gwneir setliad. Beth fyddech chi'n ei ddweud? A ydych yn dweud mai tair blynedd yw'r optimwm ar hyn, ynteu a ydych yn teimlo y dylai fod yn dynnach ac yn llai na thair blynedd?

[172] **Dafydd Wigley:** May I perhaps press slightly further on that? What is the appropriate length of time from when the patient makes a complaint to when the settlement is made? If there is a long period of time before patients complain and draw attention to it, perhaps the appropriate question is the length of the period between them bringing the matter to your attention and when a settlement is made. What would you say? Are you saying that three years is the optimum on this, or do you feel that it should be tighter and less than three years?

Mr Edwards: No. I think that three years is really— It depends on the individual case. Some of them are very complex, so it is very difficult to generalise. However, I would like to think that the trend will be downwards and that we would, through the sorts of mechanisms that we have introduced, reduce the overall amount of time. It is very difficult to put a specific time on it because I think that there is such a variety of claims.

Mr Edwards: Na. Yr wyf yn meddwl bod tair blynedd mewn gwirionedd— Mae'n dibynnu ar yr achos unigol. Mae rhai ohonynt yn gymhleth iawn, felly mae'n anodd iawn cyffredinoli. Fodd bynnag, hoffwn feddwl mai tuag i lawr y bydd y duedd, ac y byddem, drwy'r mathau o fecanweithiau yr ydym wedi'u cyflwyno, yn lleihau'r cyfanswm amser cyffredinol. Mae'n anodd iawn rhoi amser penodol arno oherwydd yr wyf yn meddwl fod cymaint o amrywiaeth o hawliadau.

Ms Peplar: I think that I would agree with that. I think that we are constantly looking at ways that we can tighten the system and improve our end of it and make sure that we get records through and that we get witnesses speaking and making statements as quickly as possible. However, I think that David is quite right. There are certain cases that are extremely complex and it is quite difficult to get everything together in a shorter time.

Ms Peplar: Yr wyf yn meddwl y byddwn i'n cytuno â hynny. Credaf ein bod o hyd yn edrych ar ffyrdd y gallwn dynhau'r system a gwella'n rhan ni ohoni a sicrhau y gwthiwn gofnodion drwodd ac y cawn dystion i siarad a gwneud datganiadau cyn gynted ag y bo modd. Fodd bynnag, yr wyf yn meddwl bod David yn llygad ei le. Y mae rhai achosion sydd yn hynod o gymhleth ac y mae'n eithaf anodd cael popeth ynghyd mewn amser byrrach.

[173] **Dafydd Wigley:** Fodd bynnag, fe fyddech yn derbyn fod mantais fawr i bawb o gael yr amserlen mor dynn â phosibl, o safbwynt y claf yn amlwg, ond hefyd o safbwynt yr amser yr ydych chi wedi'ch clymu â'r achosion?

[173] **Dafydd Wigley:** However, you would accept that it is of great advantage to everyone to have as tight a timetable as possible, obviously from the patient's point of view, but also from the point of view of the time that you are tied up with the cases?

Ms Peplar: Absolutely. There is no doubt about that.

Ms Peplar: Yn bendant. Nid oes dwywaith am hynny.

[174] **Dafydd Wigley:** A gaf ofyn, yng nghyd-destun y diwygiadau cyfreithiol sydd yn mynd ymlaen, sef diwygiadau Woolf—sydd, os deallaf yn iawn, am orfodi gweithdrefn gyflymach ar gyfer delio â cheisiadau gyda'r posibilrwydd o gosbau ariannol o fethu â chyrraedd targedau—pa gamau a gymerwyd gennych i sicrhau bod y rheini sydd yn delio â cheisiadau yn gwbl barod i ddelio â'r cyfyngiadau a osodir arnynt gan ddiwygiadau Woolf?

[174] **Dafydd Wigley:** May I ask, in the context of the legal reforms that are happening, namely the Woolf reforms—which, if I understand correctly, will enforce an accelerated procedure for dealing with claims with the possibility of financial penalties as a result of failure to reach targets—what steps you have taken to ensure that those who deal with claims are fully prepared to deal with the restrictions placed upon them by the Woolf reforms?

Ms Peplar: Well, I am not sure that we have been able to make them completely able to deal with all the problems that are there. I think that it is actually further through the system where the delays often come. It is a matter of encouraging our clinical colleagues to report back quickly and concisely. It is helping them to work, rather than the administrators or the claims managers. I think that the claims managers are fairly clear about the pressures on them and what they need to do. It is often further into the system that some of the delays—where we have delays—occur. It is a matter of making sure that those are speeded up.

Ms Peplar: Wel, nid wyf yn siwr ein bod wedi gallu sicrhau eu bod yn gwbl abl i ddelio â'r holl broblemau sydd yno. Yr wyf yn meddwl mai yn nes ymlaen yn y system y digwydd yr oedi yn aml mewn gwirionedd. Mater ydyw o annog ein cydweithwyr clinigol i adrodd yn ôl yn gyflym ac yn gryno. Eu helpu hwy i weithio yw'r nod, yn hytrach na'r gweinyddwyr neu'r rheolwyr hawliadau. Credaf fod y rheolwyr hawliadau yn weddol glir ynghylch y pwysau sydd arnynt a'r hyn sydd angen iddynt ei wneud. Yn aml, yn nes ymlaen yn y system y ceir yr oedi, lle y digwydd hynny. Mater ydyw o wneud yn siwr y cyflymir hynny.

Mr Edwards: I am very supportive of Woolf. It is about judges being in charge, doctors being kept out of courts and lawyers being kept out of hospitals. I think that it is very laudable that we are moving in that particular direction. In terms of the specific issue, I am going to ask Ms Hobbs if she would not mind answering that.

Mr Edwards: Yr wyf fi'n gefnogol iawn i Woolf. Mae a wnelo â sicrhau mai barnwyr sydd â gofal, cadw meddygon allan o'r llysoedd a chyfreithwyr allan o'r ysbytai. Yr wyf yn meddwl ei bod yn glodwiw iawn ein bod yn symud i'r cyfeiriad penodol hwnnw. Ar y mater dan sylw, yr wyf am ofyn i Ms Hobbs a wnâi hi ateb hwnnw.

Ms Hobbs: I think that what we did with Woolf was to ensure that everybody understood what it was all about. It is quite difficult, I think, to grasp initially. I would also wholeheartedly agree with the sentiments expressed. Certainly, having heard Lord Woolf speak at firsthand, I was delighted to hear what his objectives were in terms of speeding things up for all the right reasons.

Ms Hobbs: Yr wyf yn meddwl mai'r hyn a wnaethom gyda Woolf oedd sicrhau fod pawb yn deall beth oedd ei amcan. Mae'n weddol anodd, mi gredaf, ei ddeall i ddechrau. Hoffwn gytuno'n llwyr hefyd gyda'r teimladau a fynegwyd. Yn sicr, wedi clywed yr Arglwydd Woolf yn siarad yn y cnawd, yr oeddwn wrth fy modd o glywed beth oedd ei amcanion o ran cyflymu pethau am y rhesymau iawn i gyd.

I think that, internally, what we needed to do was to ensure that internal policies for handling and managing claims were reviewed in order to speed up that process, but also to ensure that, at the

Credaf mai'r hyn yr oedd angen inni ei wneud yn fewnol oedd sicrhau y câi polisïau mewnol ar gyfer trafod a rheoli hawliadau eu hadolygu er mwyn cyflymu'r broses honno, ond hefyd er mwyn

sharp end where these cases are perhaps being investigated or where people are being asked to provide information or to write reports, they are supported through the process but are also working to realistic timescales and doing the job properly first time. Therefore, there has been quite a training issue for us in terms of ensuring that staff in the trust understand what Woolf means or might mean to them. I think that, certainly, when we looked at the early implications for us internally in terms of managing claims, we had to look at how we were going to provide more support for our claims manager so that he—who was still working single-handed at the time—could get up to speed with the pace of change.

sicrhau, yn y rheng flaen lle mae'r achosion hyn efallai'n cael eu harchwilio neu lle y mae gofyn i bobl ddarparu gwybodaeth neu ysgrifennu adroddiadau, y cânt eu cefnogi drwy'r broses ond eu bod hefyd yn gweithio yn ôl amserlenni realistig ac yn gwneud y gwaith yn iawn y tro cyntaf. Felly, bu tipyn o faich hyfforddi arnom yn nhermau sicrhau bod staff yn yr ymddiriedolaeth yn deall beth y mae Woolf yn ei olygu neu y gallai ei olygu iddynt hwy. Yr wyf yn meddwl, yn sicr, pan edrychasom ar y goblygiadau cynnar i ni yn fewnol o ran rheoli hawliadau, y bu raid inni edrych ar sut yr oeddem am ddarparu mwy o gefnogaeth i'n rheolwr hawliadau fel y gallai yntau—a oedd yn dal i weithio ar ei ben ei hun ar y pryd—ymdopi â chyflymder y newid.

[175] **Dafydd Wigley:** A yw hynny'n golygu ichi orfod wynebu costau ychwanegol er mwyn cydweithio â Woolf?

[175] **Dafydd Wigley:** Does that mean that you have had to face additional costs in order to co-operate with Woolf?

Ms Hobbs: I think that we certainly had to— We have had some administrative costs. I do not think that they have been huge. I think that, to be honest, they are welcomed in terms of us wanting to speed up the process because, of course, the more that the process is seen by the public or the complainant to be held up, the more we have to deal with in terms of regular correspondence and keeping people informed. So I would hope that we have in fact invested more wisely through Woolf, in terms of helping people get through a process, however awful that process might be, quicker and with a better resolution.

Ms Hobbs: Yr wyf yn credu yn sicr inni orfod— Cawsom rai costau gweinyddol. Nid wyf yn meddwl eu bod yn anferth. Credaf, â dweud y gwir, y'u croesewir o ran ein bod eisiau cyflymu'r broses oherwydd, wrth gwrs, po fwyaf y gwêl y cyhoedd neu'r achwynwr fod oedi yn y broses, mwyaf sydd yn rhaid inni ddelio ag ef o ran gohebiaeth reolaidd a rhoi gwybodaeth i bobl. Felly gobeithiaf ein bod mewn gwirionedd wedi buddsoddi'n ddoethach drwy Woolf, o ran helpu pobl i fynd drwy broses, waeth pa mor ofnadwy fo'r broses honno, yn gyflymach a chyda chanlyniadau gwell.

[176] **Dafydd Wigley:** Gofynnaf i chi—ac wedyn, gofynnaf yr un cwestiwn i'r cyfeillion eraill—a ydych, fel ymddiriedolaeth, wedi gorfod wynebu unrhyw gosbau ariannol, o fethu â chyrraedd targedau? A ydych chi'n rhagweld y bydd unrhyw bosibilrwydd y byddwch yn gorfod wynebu cosbau fel hyn yn y dyfodol?

[176] **Dafydd Wigley:** I will ask you—and then I will ask the same question to the other colleagues—have you, as a trust, had to face any financial penalties as a result of failure to meet targets? Do you foresee that there is any possibility that you will have to face such penalties in the future?

Ms Hobbs: We have not so far, and I hope that we would not. However, going back to what colleagues have said earlier, claims become more complex, and I would not like to say that we will never incur a penalty. I think that that would be very bold.

Ms Hobbs: Nid hyd yma, a gobeithiaf na fyddem. Fodd bynnag, â dychwelyd at yr hyn a ddywedodd cyfeillion yn gynharach, aiff hawliadau'n fwy cymhleth, ac ni hoffwn ddweud na wynebwn gosb fyth. Credaf y byddai hynny'n hy iawn.

Mr Edwards: I think that the pre-action protocol, where we have to meet these timescales, is challenging. I think that one of the issues in avoiding additional costs, is to try to ensure that you can pinpoint the areas where we might have difficulties, so that we can actually do a lot of the investigation before the claim is made in order to meet the timescales. We have tried to do some of

Mr Edwards: Yr wyf yn meddwl fod y protocol cyn-gweithredu, lle y mae'n rhaid inni ddilyn yr amserlenni hyn, yn her. Yr wyf yn meddwl mai un o'r materion wrth geisio osgoi costau ychwanegol yw ceisio sicrhau y gallwch adnabod y mannau lle gallem gael anawsterau, fel y gallwn wneud llawer o'r ymchwilio cyn i'r hawliad gael ei wneud er mwyn cadw o fewn yr amserlen. Yr ydym wedi

that, and so far we have not had real difficulty in meeting the timescales laid down by the court.

Ms Peplar: I think that it is a very similar situation for us. We are in a position of enthusing about the reforms and trying to meet the timescales. However, I think that one would hesitate to say that we would always meet them. There may well be complex cases where we have difficulties.

[177] **Dafydd Wigley:** Tynnaf eich sylw at ffigur 3.10 ar dudalen 24 yr adroddiad. Mae'n cyfeirio at y ffaith bod dau fesur sydd, ym marn yr ymddiriedolaethau, fwyaf tebygol o leihau'r amser a gymerir i ddatrys ceisiadau. Y cyntaf yw ymchwilio i achosion mewn modd mwy rhagweithiol. Yr ail yw cydweithrediad gwell gyda chlinigwyr. A oes gennych unrhyw gynlluniau ar gyfer sicrhau eich bod yn adeiladu ar y cyfeiriadau hynny?

Ms Peplar: I think that they have been taken into consideration and we are trying to build on them, but— Are we talking about 3.10? My apologies.

[178] **Dafydd Wigley:** Ie. Mae'r 81 y cant yn cyfeirio at yr elfen ragweithiol, a'r 75 y cant at y cydweithrediad gyda chlinigwyr. Credaf fod y ffigurau yn rhai eithaf trawiadol, sef yr elfennau pwysicaf. Yr wyf yn cymryd y byddwch yn bwriadu gwella'r agweddau hynny, a rheoli ceisiadau, os oes modd yn y byd o wneud hynny.

Ms Peplar: Absolutely, yes.

[179] **Dafydd Wigley:** A oes rhywbeth yr hoffai Mr Edwards ei ychwanegu at hynny?

Mr Edwards: I have nothing else to add to that.

[180] **Dafydd Wigley:** Fy nghwestiwn olaf, Gadeirydd, yw ei bod hi'n drawiadol ei bod wedi cymryd bron i ddwy flynedd, ar gyfartaledd, i gleifion wneud cais, ar ôl yr achos honedig o esgeulustod. Cyfeiriwyd at hynny yn gynharach. Os cymera ddwy flynedd i wneud y cais, mae hynny'n amlwg yn elfen sylweddol yn yr amser a gymerwyd. Mae'n golygu bod datrys y ceisiadau yn cymryd gymaint â hynny yn hirach a bod profiad wedi diflannu, wrth gwrs. Fe allai adlewyrchu anfodlonrwydd yr ymddiriedolaethau weithiau i siarad yn onest â'r cleifion pan fydd pethau wedi mynd o chwith.

A ydych yn gwneud unrhyw beth o ran

ceisio gwneud rhywfaint o hynny, a hyd yma nid ydym wedi cael gwir anhawster i gwrdd â'r amserlenni a bennwyd gan y llys.

Ms Peplar: Yr wyf yn meddwl ei bod yn sefyllfa debyg iawn i ni. Yr ydym mewn sefyllfa o groesawu'r diwygiadau'n frwd a cheisio cwrdd â'r terfynau amser. Fodd bynnag, credaf y petrusid cyn dweud y byddem bob amser yn cwrdd â hwy. Fe all yn wir fod achosion cymhleth lle cawn anawsterau.

[177] **Dafydd Wigley:** I draw your attention to figure 3.10 on page 24 of the report. It refers to the fact that there are two measures that are, in the opinion of the trusts, most likely to decrease the time taken to resolve claims. The first is investigating cases in a more pro-active way. The second is better collaboration with clinicians. Do you have any plans to ensure that you will build on those two directions?

Ms Peplar: Credaf eu bod wedi'u hystyried a'n bod yn ceisio adeiladu arnynt, ond— Ai sôn am 3.10 yr ydym? Ymddiheuraf.

[178] **Dafydd Wigley:** Yes. The figure of 81 per cent refers to the pro-active element, and 75 per cent to the co-operation with clinicians. I think that those figures are quite remarkable, namely the most important elements. I take it that you intend to improve those aspects, and manage claims, if it is at all possible for you to do so.

Ms Peplar: Yn hollol, byddwn.

[179] **Dafydd Wigley:** Is there anything that Mr Edwards would like to add to that?

Mr Edwards: Nid oes gennyf ddim mwy i'w ychwanegu at hynny.

[180] **Dafydd Wigley:** My final question, Chair, is that it is remarkable that it has taken almost two years, on average, for patients to make claims after the alleged case of negligence. That was referred to earlier. If it takes two years to make the claim, that is obviously a significant element in the time taken. It means that solving the cases takes that much longer and that experience has disappeared, of course. It could reflect the unwillingness of the trusts, sometimes, to talk honestly with the patients when things have gone wrong.

Are you doing anything in terms of the

cyfathrebu rhwng clinigwyr a chleifion, i'w wneud yn fwy agored er mwyn ceisio osgoi y math hwn o oedi?

communication lines between your clinicians and patients, to make them more open in order to try to avoid this kind of delay?

Ms Peplar: I think that that is an area where we can usefully spend a lot of time. I think that we need to encourage all staff to actually talk more with patients, and to be more open about addressing problems when they develop. I think that there is sometimes a reluctance among some people to actually face up to a problem at the time it develops, and deal with it there.

Ms Peplar: Credaf fod hwnnw'n faes lle gallwn yn fuddiol dreulio llawer o amser. Credaf fod angen inni annog yr holl staff i siarad mwy gyda chleifion, ac i fod yn fwy agored ynghylch delio â phroblemau pan ddatblygant. Yr wyf yn meddwl fod yna amharodrwydd weithiau ymhlith rhai pobl i wynebu problem ar yr adeg y daw i'r wyneb, a delio â hi yn y fan honno.

The other area that we are looking at and considering, is having people within the organisation who are far more active in ward and clinical areas and out in the clinics to talk to people, and in a way, to help them draw out where they are dissatisfied with the service, rather than waiting for them to think something through and bring it out.

I think that the other area is also being patient with people. I know that it can sometimes take two years and that is a long time. However, if they are recovering or if they are still feeling quite confused about what happened to them, it may take a bit of time. I think that we need to work with and help people, and support the other systems that do that, to help them make complaints. That is one of the ways that we learn and develop our services. I would not want to see that not happening, but I think that it is about supporting people in that process better.

Y maes arall yr ydym yn edrych arno ac yn ei ystyried, yw cael pobl yn y sefydliad sydd yn llawer mwy gweithredol mewn wardiau, ardaloedd clinigol ac allan yn y clinigau I siarad â phobl ac, mewn ffordd, eu helpu i amlinellu lle y maent yn anfodlon ar y gwasanaeth, yn hytrach nag aros iddynt feddwl rhywbeth drwodd a dod ag ef allan.

Y maes arall, mi gredaf, yw bod yn amyneddgar gyda phobl hefyd. Gwn y gall weithiau gymryd dwy flynedd a bod hynny'n amser hir. Fodd bynnag, os ydynt yn gwella neu os ydynt yn dal i deimlo'n eithaf dryslyd ynghylch beth a ddigwyddodd iddynt, gall gymryd tipyn o amser. Yr wyf yn meddwl bod angen inni weithio gyda phobl a'u helpu, a chefnogi'r systemau eraill sydd yn gwneud hynny, i'w helpu i wneud cwynion. Dyna un o'r ffyrdd y dysgwn ac y datblygwn ein gwasanaethau. Ni hoffwn weld hynny'n peidio â digwydd, ond credaf fod a wnelo'r peth â chefnogi pobl yn y broses honno'n well.

Mr Edwards: I would agree with that. I see every letter of complaint that comes into Cardiff and Vale NHS Trust and I sign every letter that goes to individuals and I am involved in some of the investigations. The analysis that Sue does demonstrates that 16 per cent of all complaints are around communications difficulties. I suppose that it is not surprising. Healthcare is a very complex business these days with major sub-specialisation, which involves a number of clinicians coming together in order to help individuals. Sometimes the communication pathway can be very long. So I think that, in the context of claims, it is important to pick up that particular point.

Mr Edwards: Byddwn i'n cytuno â hynny. Gwelaf bob llythyr cwyn a ddaw i Ymddiriedolaeth GIG Caerdydd a'r Fro, a llofnodaf bob llythyr a anfonir at unigolion, a chymeraf ran mewn rhai o'r ymchwiliadau. Mae'r dadansoddiad a wnaeth Sue yn dangos mai anawsterau cyfathrebu yw 16 y cant o'r holl gwynion. Am wn i nad yw hynny'n syndod. Mae gofal iechyd yn fusnes cymhleth iawn y dyddiau hyn gydag is-arbenigo ar raddfa fawr, sydd yn golygu bod nifer o glinigwyr yn dod ynghyd er mwyn helpu unigolion. Weithiau gall y llwybr cyfathrebu fod yn hir iawn. Felly yr wyf yn meddwl, yng nghyd-destun hawliadau, ei bod yn bwysig ymateb i'r pwynt arbennig hwnnw.

[181] **Kirsty Williams:** The Assembly is about to go out to consultation on advocacy, patient liaison and public involvement in the service and the future development of the roles of community health councils, now that the decision has been taken to retain CHCs in Wales. Ms Peplar talked about the trusts providing people on the ground. Do you perceive increased investment in

[181] **Kirsty Williams:** Mae'r Cynulliad ar fin ymgynghori ar eiriolaeth, cyswllt â chleifion a chyfranogiad y cyhoedd yn y gwasanaeth a datblygu rolau cynghorau iechyd cymuned yn y dyfodol yn awr bod y penderfyniad wedi'i gymryd i gadw CICau yng Nghymru. Soniodd Ms Peplar am yr ymddiriedolaethau'n darparu pobl ar lawr gwlad. A welwch chi fwy o fuddsoddi mewn

advocacy patient liaison, whether it be paid for by the trust or, perhaps even more preferably, independent-based advocacy in patient liaison services, to be a way to combat this poor communication that leads to not a huge, but a significant amount of the complaints that arise?

cyswllt cleifion drwy eiriolaeth, boed wedi'i dalu amdano gan yr ymddiriedolaeth neu, efallai'n well fyth, eiriolaeth annibynnol mewn gwasanaethau cyswllt cleifion, fel ffordd i ymladd yn erbyn y cyfathrebu gwael yma sydd yn arwain at swm nid enfawr, ond arwyddocaol, o'r cwynion sydd yn codi?

Ms Peplar: I would fully support that. I think that there is an advantage in having both people in the trust and outside of it. If we are genuinely trying to talk about opening the debate up within the organisation with our users—with the people who use the services—then I think that we have to properly demonstrate that we are there, and that we are listening and acting upon what we hear. I think that if it is always via an outside agent, then that diminishes some of the learning that goes on. So I think that both need to be available. Clearly, where people feel that they have a problem, then they have to have easy, simple access to somebody outside the system to act as a kind of arbitrator and to help them move through the complications that we often put in place. However, I think that both have merit.

Ms Peplar: Byddwn yn cefnogi hynny'n llwyr. Yr wyf yn meddwl bod mantais o gael pobl yn yr ymddiriedolaeth a'r tu allan iddi. Os ydym yn ddidwyll yn ceisio sôn am agor y ddadl o fewn y sefydliad gyda'n defnyddwyr—gyda'r bobl sydd yn defnyddio'r gwasanaethau—yna credaf fod yn rhaid inni ddangos yn iawn ein bod ni yno, a'n bod yn gwrando ac yn gweithredu ar yr hyn a glywn. Credaf os digwydd hynny drwy asiant allanol bob tro, bydd hynny'n lleihau rhywfaint o'r dysgu sydd yn digwydd. Felly credaf fod angen i'r ddau fod ar gael. Yn amlwg, lle teimla pobl fod ganddynt broblem, bydd yn rhaid iddynt gael mynediad rhwydd, syml at rywun y tu allan i'r system i weithredu fel math o ganolwr a'u helpu i symud drwy'r cymhlethdodau y byddwn ni'n aml yn eu gosod. Fodd bynnag, credaf fod rhinwedd i'r ddau.

Mr Edwards: The direction of travel for us is to move from complaints to consumer relations. It is a sort of cultural and a learning thing. In my previous job as chief executive, we had people called patients' representatives who actually worked for us. That cut down the number of formal complaints and allowed us to settle issues before they got anywhere. It has been known in the service for a long time that if you can do that, saying 'sorry' on the ward is, I think, quite an important issue. So that is a direction for us. The other thing is that we are linked with another teaching hospital in the north of the Netherlands. On its main concourse there is a glass-fronted shop where some of these issues take place. So, making it easier for people to access us through that sort of fairly simple means, but something that we can all recognise—a shop front—is an issue that we are considering at the moment. We are considering how we might provide that. That is perhaps too full an answer, but that is the direction that we are moving in.

Mr Edwards: Y cyfeiriad inni deithio iddo yw symud o gwynion at berthynas â defnyddwyr. Mae'n fath o beth diwylliannol ac addysgol. Yn fy swydd flaenorol fel prif weithredwr, yr oedd gennym bobl a elwid yn gynrychiolwyr cleifion yn gweithio inni. Golygai hynny gwtogi nifer y cwynion ffurfiol a chaniatáu inni setlo materion cyn iddynt fynd i unman. Mae'n hysbys yn y gwasanaeth ers tro os gallwch wneud hynny, bod dweud 'mae'n ddrwg gennyf' ar y ward yn fater eithaf pwysig, gredaf fi. Felly dyna gyfeiriad inni. Y peth arall yw bod gennym gyswllt ag ysbyty dysgu arall yng ngogledd yr Iseldiroedd. Ar ei brif goncwrs mae siop ag iddi wyneb gwydr lle digwydd rhai o'r materion hyn. Felly, mae hwyluso pethau i bobl gael mynediad atom drwy'r math hwnnw o fodd gweddol syml, ond rhywbeth y gallwn i gyd ei adnabod—ffenestr siop—yn fater yr ydym yn ei ystyried ar hyn o bryd. Yr ydym yn ystyried sut y gallem ddarparu hynny. Mae hynny'n ateb rhy lawn efallai, ond dyna'r cyfeiriad yr ydym yn symud iddo.

[182] **Jocelyn Davies:** I have a question and a comment on the issue of taking a long time to settle cases. Is there any real disadvantage to you if a case takes a long time? Would you agree that it is not always wise to settle early because the full extent of the damage that somebody has incurred may not be known for many months? On the other hand, some people recover well, beyond

[182] **Jocelyn Davies:** Mae gennyf gwestiwn a sylw ar fater yr amser hir a gymerir i setlo achosion. A oes unrhyw wir anfantais i chi os bydd achos yn cymryd amser hir? A fyddech yn cytuno nad yw bob amser yn ddoeth setlo'n gynnar oherwydd efallai na fydd llawn faint y niwed a ddigwyddodd i rywun yn hysbys am fisoedd lawer? Ar y llaw arall, bydd rhai pobl yn

expectations. If you had settled earlier, you would perhaps have thought that they would have been very ill for a very long time. So is time really that important?

gwella'n dda, y tu hwnt i'r disgwyliadau. Pe baech wedi setlo'n gynharach, byddech efallai wedi meddwl y buasent yn sâl iawn am gyfnod maith iawn. Felly a yw amser mor bwysig â hynny mewn gwirionedd?

Ms Peplar: I think that time is important, if you are the complainant. I think that it is very important. However, I think that there is a mid-course that could be taken. I think that one of the problems that occur is that we make full settlement at the point of settlement. Sometimes there is perhaps a very good case for looking at a longer-term arrangement that allows for changes to happen. However, I do not think that we should delay simply because in some cases there might be some benefit or a change that would change the ultimate outcome. However, I think that we should have a system that allows us to review and reconsider. I think that that is appropriate.

Ms Peplar: Yr wyf fi'n meddwl bod amser yn bwysig, os mai chi yw'r achwynwr. Credaf ei fod yn bwysig iawn. Fodd bynnag, yr wyf yn meddwl bod ffordd ganol y gellid ei chymryd. Credaf mai un o'r problemau sydd yn digwydd yw ein bod yn setlo'n llawn ar y pwynt setlo. Weithiau efallai fod achos da iawn dros edrych ar drefniant tymor hirach sydd yn caniatáu ar gyfer newidiadau. Fodd bynnag, nid wyf yn meddwl y dylem oedi dim ond oherwydd y gallai mewn rhai achosion fod rhyw fantais neu newid a fyddai'n newid y canlyniad yn y pen draw. Fodd bynnag, credaf y dylai fod gennym system sydd yn caniatáu inni adolygu ac ailystyried. Credaf fod hynny'n briodol.

[183] **Jocelyn Davies:** That is not possible at the moment so, say, for example, it seems that someone would be very severely ill for a number of years, he or she would receive one lump sum in settlement at the time of the decision. That does not allow you then to review things later on. Or perhaps someone would live many more years than was expected. Is that—

[183] **Jocelyn Davies:** Nid yw hynny'n bosibl ar hyn o bryd felly, dyweder, er enghraifft, ei bod yn ymddangos y byddai rhywun yn ddifrifol wael am nifer o flynyddoedd, byddai'n derbyn un lwmp swm yn setliad ar adeg y penderfyniad. Nid yw hynny'n caniatáu ichi wedyn adolygu pethau yn ddiweddarach. Neu efallai y byddai rhywun yn byw am lawer mwy o flynyddoedd nag a ddisgwyliwyd. A yw hynny—

Ms Peplar: I am not sure that it is not possible, but it is certainly not what happens. It tends to be the long-term settlement.

Ms Peplar: Nid wyf yn siŵr nad yw'n bosibl, ond yn sicr nid dyna sydd yn digwydd. Tuedda i fod yn setliad tymor hir.

Mr Edwards: I think that it is possible and I made a reference earlier to structured payments. Let us say, and God forbid, that someone has a damaged child, where lifetime support is actually required. Much of that support comes from caring agencies such as health and social services, and housing and education services. Very often, those settlements can be made in kind rather than in sums of money, or the sums of money would apply in part. Now, so far, claimants and their solicitors have not embraced that as a concept and have gone for the one-off up front payment, even though needs will change. So, I suspect that the service in many respects gets a double whammy in terms of the settlement and in terms of the ongoing care of the individual. I am not in any way trying to deny individuals what they require, but in answer to your question, I think that that is an aspect upon which we should reflect.

Mr Edwards: Credaf ei bod yn bosibl a chyfeiriais yn gynharach at daliadau strwythuredig. Dyweder, a Duw a'n gwaredo, fod gan rywun blentyn wedi'i niweidio, lle bydd angen cefnogaeth am oes. Daw llawer o'r gefnogaeth honno o asiantaethau gofal fel iechyd a gwasanaethau cymdeithasol, a gwasanaethau tai ac addysg. Yn aml iawn, gellir gwneud y setliadau hynny mewn gwasanaethau yn hytrach nag mewn symiau o arian, neu byddai'r symiau arian yn rhan o setliad. Yn awr, hyd yma, nid yw hawlwyr a'u cyfreithwyr wedi coleddu hynny fel cysyniad ac maent wedi mynd am y taliad rhag blaen unwaith ac am byth, er y bydd anghenion yn newid. Felly, yr wyf yn amau bod y gwasanaeth mewn sawl ffordd yn dioddef ergyd ddwbl yn nhermau'r setliad ac yn nhermau gofal parhaus i'r unigolyn. Nid wyf yn ceisio gwadu i unigolion yr hyn sydd ei angen arnynt o gwbl, ond i ateb eich cwestiwn, credaf fod honno'n agwedd i'w hystyried.

[184] **Janet Davies:** We will now break for coffee.

[184] **Janet Davies:** Cymerwn egwyl yn awr am goffi.

[*Cynhaliwyd egwyl goffi rhwng 3.42 p.m. tan 3.58 p.m.*]
[*A coffee break was held between 3.42 p.m. to 3.58 p.m.*]

[185] **Janet Davies:** We will now turn to risk management standards. I will ask Ms Peplar a question first. It is quite disappointing that only five of the 15 trusts achieved the Welsh Risk Pool's benchmark of 75 per cent compliance with the standards when they were assessed last year. I see from figure 4.3 on page 30 of the report that, while Cardiff and Vale NHS Trust was one of the trusts that achieved the benchmark, North East Wales NHS Trust failed by some margin, with a score of 62 per cent. Most other trusts scored better than that overall and against the core generic standards, where the bulk of assessments lay. Only two of the other 14 trusts in Wales managed to score lower than yours. I wonder if you could explain to us why the performance has been so poor?

[185] **Janet Davies:** Trown yn awr at safonau rheoli risg. Gofynnaf gwestiwn i Ms Peplar yn gyntaf. Mae'n eithaf siomedig mai dim ond pump o'r 15 ymddiriedolaeth a gyrhaeddodd feincnod Cronfa Risg Cymru, sef cydymffurfiad 75 y cant â'r safonau, pan gawsant eu hasesu y llynedd. Yn ôl ffigur 4.3 ar dudalen 30 yr adroddiad, gwelaf fod Ymddiriedolaeth GIG Caerdydd a'r Fro yn un o'r rhai a gyrhaeddodd y meincnod, ond bod Ymddiriedolaeth GIG Gogledd Ddwyrain Cymru wedi methu o gryn bellter, gyda sgôr o 62 y cant. Sgoriodd y rhan fwyaf o'r ymddiriedolaethau eraill yn well na hynny yn gyffredinol ac yn erbyn y safonau generig craidd, lle'r oedd y rhan fwyaf o'r asesu. Dim ond dwy o'r 14 ymddiriedolaeth arall yng Nghymru a lwyddodd i sgorio'n is na chi. Tybed a allech egluro inni pam y bu'r perfformiad mor wael?

Ms Peplar: I will ask Julie to pick up on the details in a moment, but I think that one of the areas when I looked at this, was that there seemed to have been, in certain parts of the trust, until about 1999, very little work on risk management at all. So I think that they were coming from a long way back. An example of that would be aspects of community services. The mental health directorate was in a very low position, partly because it had been leaderless for a couple of years. Certainly, it is interesting, since we appointed someone into that directorate, to note the improvements and the rate of change, when there is someone who is championing the process and taking it further forward. Some of the variations were very localised to particular areas, and represent a lack of interest and a lack of motivation further back in the past. Perhaps I could ask Julie to comment on the detail.

Ms Peplar: Gofynnaf i Julie ymdrin â'r manylion mewn munud, ond credaf mai un o'r pethau a welais i pan edrychais ar hyn oedd ei bod yn ymddangos, mewn rhai rhannau o'r ymddiriedolaeth, tan tua 1999, mai ychydig iawn o waith a fu ar reoli risg o gwbl. Felly yr wyf yn meddwl eu bod yn dod o gryn amser yn ôl. Enghraifft o hynny fyddai agweddau ar wasanaethau cymunedol. Yr oedd y gyfarwyddiaeth iechyd meddwl mewn safle isel iawn, yn rhannol am iddi fod heb arweinydd am flwyddyn neu ddwy. Yn sicr, ers penodi rhywun i'r gyfarwyddiaeth honno, mae'n ddiddorol nodi'r gwelliannau a chyflymder y newid, pan fo rhywun yno sydd yn hyrwyddo'r broses ac yn mynd â hi ymhellach ymlaen. Yr oedd rhai o'r amrywiadau'n lleol iawn i ardaloedd arbennig, ac yn cynrychioli diffyg diddordeb a diffyg cymhelliant yn ôl yn y gorffennol. Efallai y cawn ofyn i Julie roi sylwadau ar y manylion.

Ms Parry: Certainly in some areas we were weak, which probably was what brought the score down as low as it was. From the previous audit, we concentrated on our trust issues, in terms of what were the issues that were causing us to have clinical negligence claims. They very much sat around our specialist standards which, as we have heard already, were obstetrics and theatre and so on. In terms of working hard, we concentrated our efforts on the specialist areas. I think, as a trust, our other weakness was that the standards themselves were kept very centrally at the top. They were not disseminated across the trust. That meant that a lot of the staff within the organisation

Ms Parry: Yn sicr mewn rhai meysydd yr oeddem yn wan, a hynny mae'n debyg a ddaeth â'r sgôr i lawr cyn ised ag yr oedd. Ar ôl yr archwiliad blaenorol, canolbwyntiwyd ar faterion ein hymddiriedolaeth, hynny yw y materion a olygai fod hawliadau esgeulustod clinigol yn cael eu gwneud yn ein herbyn. I raddau helaeth iawn yr oedd a wnelo'r rheini â'n safonau arbenigol, sef, fel y clywsom yn barod, obstetreg a theatr ac ati. O ran gweithio'n galed, buom yn canolbwyntio'n hymdrechion ar y meysydd arbenigol. Credaf mai ein gwendid arall fel ymddiriedolaeth oedd y cedwid y safonau eu hunain yn ganolog iawn ar y brig. Ni chawsant eu lledaenu drwy'r

never heard of the risk management standards. So we may have been working at the top, but people on the frontline did not have any knowledge of those standards, so obviously were not working to the same remit.

ymddiriedolaeth. Golygodd hynny na chlywodd llawer o'r staff o fewn y sefydliad erioed am y safonau rheoli risg. Felly efallai i ni fod yn gweithio ar y brig, ond nid oedd gan bobl yn y rheng flaen wybodaeth am y safonau hynny, felly yn amlwg nid oeddem yn gweithio yn ôl yr un canllawiau.

For some of the areas that we fell down on, I think that the trust was not as bad as was reflected in terms of the practicalities. The evidence in terms of the audit itself is very much about paper proof that we are complying. I had a recent conservation with one of our clinicians who was upset about us failing to get some marks in one part of the standards, because he did have a policy, but it was in his head. So we have this element that we have practical situations in place, but we do not have the evidence. We do not have the documentation. We go back to the issue of documented evidence again.

O ran rhai o'r meysydd lle bu inni fethu, nid wyf yn meddwl bod yr ymddiriedolaeth cyn waethed ag a adlewyrchwyd yn nhermau'r pwyntiau ymarferol. Mae'r dystiolaeth o ran yr archwiliad ei hun i raddau helaeth iawn yn ymwneud â phrawf ar bapur ein bod yn cydymffurfio. Cefais sgwrs ddiweddar gydag un o'n clinigwyr a oedd yn siomedig ein bod wedi methu cael marciau mewn un rhan o'r safonau, gan fod ganddo bolisi, ond mai yn ei ben yr oedd. Felly cawn yr elfen hon fod gennym sefyllfaoedd ymarferol ar waith, ond nad yw'r dystiolaeth gennym. Nid yw'r ddogfennaeth gennym. Awn yn ôl at gwestiwn tystiolaeth ddogfennol eto.

[186] **Janet Davies:** So when the trusts are next assessed, do you feel that the level of compliance will be much better? Have you any estimate of what you think that you might achieve?

[186] **Janet Davies:** Felly pan asesir yr ymddiriedolaethau nesaf, a ydych yn teimlo y bydd y lefel cydymffurfio'n llawer gwell? A oes gennych unrhyw amcangyfrif o'r hyn y credwch y gallech ei gyflawni?

Ms Parry: Yes. We have already made estimates. One of the things that I think that we need to point out, is that it is not a balanced benchmark against last year's audit, because the launch of the new standards in November has changed the goalposts slightly again. Standards which last year sat in controlled assurance have now moved across into the Welsh Risk Pool audit and have put pressure on us to achieve more than we may have done, because the target dates have changed. I would like to say to you that we will achieve 75 per cent, but, hand on heart, I could not give you that assurance at the moment.

Ms Parry: Oes. Yr ydym eisoes wedi gwneud amcangyfrifon. Un o'r pethau y credaf fod angen inni eu nodi yw nad yw'r meincnod yn erbyn archwiliad y llynedd yn gytbwys, oherwydd bod lansio'r safonau newydd ym mis Tachwedd wedi symud y pyst gôl ryw fymryn eto. Mae safonau a eisteddai ym maes sicrwydd rheoledig y llynedd bellach wedi symud drosodd i archwiliad Cronfa Risg Cymru ac wedi rhoi pwysau arnom i gyflawni mwy nag a wnaethom efallai, am fod y dyddiadau targed wedi newid. Hoffwn ddweud wrthych y cawn ni 75 y cant, ond, â'm llaw ar fy nghalon, ni allwn roi'r sicrwydd hwnnw ichi ar hyn o bryd.

[187] **Janet Davies:** But you do feel that you are improving?

[187] **Janet Davies:** Ond yr ydych yn teimlo eich bod yn gwella?

Ms Parry: We are definitely improving. We have definitely disseminated this knowledge and we are definitely working at the frontline. So, again, those groups that I talked about earlier with the directorates now own the standards and we have leads within the trusts. So for every one of the 35 standards that have been issued, we have a lead in trust and someone is championing away to try to get that evidence together, which is something that we have never had before.

Ms Parry: Yr ydym yn bendant yn gwella. Yr ydym yn bendant wedi lledaenu'r wybodaeth hon ac yr ydym yn bendant yn gweithio ar y llinell flaen. Felly, eto, mae'r grwpiau hynny y soniais amdanynt yn gynharach gyda'r cyfarwyddiaethau bellach yn berchen ar y safonau ac mae gennym bobl i arwain y gwaith o fewn yr ymddiriedolaethau. Felly am bob un o'r 35 o safonau a gyhoeddwyd, mae gennym bobl i arwain y gwaith yn yr ymddiriedolaeth ac mae rhywun wrthi'n hyrwyddo i geisio dod â'r dystiolaeth honno ynghyd, rhywbeth na fu gennym erioed o'r

blaen.

[188] **Janet Davies:** Thank you. Mr Edwards, when Ann Lloyd appeared before this Committee, she made it clear that she would not expect better performing trusts just to sit where they are and not improve. Could you tell me what you are doing to further improve your risk management systems?

[188] **Janet Davies:** Diolch. Mr Edwards, pan ymddangosodd Ann Lloyd ger bron y Pwyllgor hwn, dywedodd yn glir na fyddai'n disgwyl i'r ymddiriedolaethau a oedd yn perfformio'n well eistedd yn ôl lle maent a pheidio â gwella. A allech ddweud wrthyf beth yr ydych yn ei wneud i wella eich systemau rheoli risg ymhellach?

Mr Edwards: The biggest emphasis for us is on clinical audit. You will see from the scores that we did not do well with that. I suspect that, if we looked across the service, that it would be a similar picture. It is so important that clinicians are able to compare their performance. It clearly goes without saying that we need to improve in clinical audit. So the main thrust for us is in that area. I made the point earlier about SAFECODE and the link between complaints, incidents and the claims management process. The fourth component of that, I think, is clinical audit. That is another integrating system that we need to have. So the main emphasis for me is in that area.

Mr Edwards: Y pwyslais mwyaf i ni yw hwnnw ar archwilio clinigol. Fe welwch o'r sgoriau na wnaethom yn dda ar hynny. Yr wyf yn amau, pe edrychem ar draws y gwasanaeth, y gwelem ddarlun tebyg. Mae mor bwysig fod clinigwyr yn gallu cymharu eu perfformiad. Yn amlwg mae angen inni wella ym maes archwilio clinigol. Felly yn y maes hwnnw mae'r prif ymgyrch i ni. Gwneuthum y pwynt yn gynharach am SAFECODE a'r cysylltiad rhwng cwynion, digwyddiadau a'r broses reoli hawliadau. Y bedwaredd gydran i hynny, mi gredaf, yw archwilio clinigol. Dyna system integreiddiol arall y mae angen inni ei chael. Felly i mi mae'r prif bwyslais yn y maes hwnnw.

[189] **Janet Davies:** Are you satisfied with the support that you receive from the Welsh Risk Pool?

[189] **Janet Davies:** A ydych yn fodlon ar y gefnogaeth a gewch gan Gronfa Risg Cymru?

Mr Edwards: Yes, I am very satisfied with that. I think, if I was to stand slightly to one side and think about the way in which we configure the incentivisation programme at the moment— As you know, because we achieved 75 per cent, we get a £5,000 per case settled discount. That is a helpful incentive to do what we should be doing anyway, but life is busy. I am wondering whether the Committee might want to consider looking at the incentivisation process, perhaps to make a comparison with the clinical negligence scheme for trusts system in England where the discount is on the premium rather than on the claim settled. I think there are 'for's and 'against's in both. However, clearly, as chief executives, we want to continue to improve and want to give people the opportunity and incentive to do that.

Mr Edwards: Ydwyf, yr wyf yn fodlon iawn ar hynny. Yr wyf yn meddwl, pe bawn yn sefyll ychydig i un ochr a meddwl am y ffordd y cyfluniwn y rhaglen gymhelliant ar hyn o bryd— Fel y gwyddoch, am ein bod wedi cyflawni 75 y cant, cawn ddisgownt o £5,000 am bob achos a setlir. Mae hynny'n gymhelliant buddiol i wneud yr hyn y dylem fod yn ei wneud beth bynnag, ond mae bywyd yn brysur. Yr wyf yn meddwl tybed a hoffai'r Pwyllgor efallai ystyried edrych ar y broses gymelliannol, ac efallai gymharu gyda'r cynllun esgeulustod clinigol i ymddiriedolaethau yn Lloegr lle rhoddir y disgownt ar y premiwm yn hytrach nag ar yr hawliad a setlir. Credaf fod pethau o blaid ac yn erbyn y naill drefn a'r llall. Fodd bynnag, yn amlwg, fel prif weithredwyr, mae arnom ni eisiau parhau i wella a rhoi cyfle a chymhelliant i bobl wneud hynny.

[190] **Alison Halford:** I would like to get this straight, because so often when we take evidence, the people who are responsible for the perhaps breakdown of procedures or shortfall in standards are not those who are sitting before us to answer the difficult questions. This report was presented to the Assembly in February 2001. Sir John, you would have been looking at the trusts in 1999-2000?

[190] **Alison Halford:** Hoffwn gael hyn yn glir, oherwydd mor aml pan gymerwn dystiolaeth, nid y bobl gyfrifol am efallai fethiant gweithdrefnau neu ddiffyg safonau yw'r bobl sydd yn eistedd o'n blaenau i ateb y cwestiynau anodd. Cyflwynwyd yr adroddiad hwn i'r Cynulliad yn Chwefror 2001. Syr John, a fyddech chi wedi bod yn edrych ar yr ymddiriedolaethau yn 1999-2000?

Sir John Bourn: In 2000, yes.

[191] **Alison Halford:** Right, so, Ms Peplar, you arrived on the scene in July 2000.

Ms Peplar: In July 2000.

[192] **Alison Halford:** Okay, and the trust was reconfigured in 1999.

Ms Peplar: In April 1999.

[193] **Alison Halford:** Okay. So you are not entirely responsible for some of the criticisms that are contained in this document that we have been addressing today.

Ms Peplar: No, but I think that it is entirely my role to ensure that we improve.

[194] **Alison Halford:** Okay. You said, when the Chair opened the questioning to you, that clinical negligence was given a high priority. However, then you said that that was as much as it can be given a high priority because priorities come and go. Is not that a bit of contradiction from what you have been saying up to now, or was it just the opening thrust in the difficult situation in which you find yourself? Is it a priority or is it not?

Ms Peplar: I think that I am trying to be very clear and honest. I think that it is a high priority. I think that there are a set of priorities that constantly beset people running the health services and which are being looked at at any one time. For example, we are asked to place a very high priority on managing risk. We are also asked by you to place a very high priority on reaching targets. There is often a tension between those. We need to be aware of that and clear that sometimes in trying to reach some of the targets, which we know in terms of the patient's experience are also important, there is a conflict and tension there. The organisation that I serve also has a major priority in its financial position, which also occupies time and energy at other times. I am trying to be very clear and honest that it is a priority, but we have a whole range of priorities and sometimes there is conflict between them.

[195] **Alison Halford:** I have been asked to ask you another question, and I do not mind who takes it as I have just been concentrating on you, Hilary. However, what are the barriers to putting robust risk assessment management in place? Is it

Syr John Bourn: Yn 2000, byddem.

[191] **Alison Halford:** Iawn, felly, Ms Peplar, yng Ngorffennaf 2000 y daethoch chi yn rhan o'r gwaith.

Ms Peplar: Yng Ngorffennaf 2000.

[192] **Alison Halford:** Iawn, ac ailgyfluniwyd yr ymddiriedolaeth yn 1999.

Ms Peplar: Yn Ebrill 1999.

[193] **Alison Halford:** Iawn. Felly nid ydych chi'n gwbl gyfrifol am rai o'r beirniadaethau a geir yn y ddogfen hon sydd wedi cael ein sylw heddiw.

Ms Peplar: Na, ond credaf mai fy rôl i yn gyfan gwbl yw sicrhau ein bod yn gwella.

[194] **Alison Halford:** Iawn. Dywedasoch, pan agorodd y Cadeirydd yr holi arnoch, y rhoddid blaenoriaeth uchel i esgeulustod clinigol. Fodd bynnag, dywedasoch wedyn mai cymaint ag y gellid rhoi blaenoriaeth uchel iddo oedd hynny gan fod blaenoriaethau'n mynd a dod. Onid yw hynny'n gwrth-ddweud braidd yr hyn yr ydych wedi bod yn ei ddweud hyd yma, ynteu ai dim ond yr ergyd gyntaf ydoedd yn y sefyllfa anodd y canfyddwch eich hun ynddi? A ydyw'n flaenoriaeth ai peidio?

Ms Peplar: Yr wyf yn meddwl fy mod yn ceisio bod yn glir a gonest iawn. Yr wyf yn meddwl ei fod yn flaenoriaeth uchel. Yr wyf yn meddwl fod yna set o flaenoriaethau sydd o hyd yn taro pobl sydd yn rhedeg y gwasanaethau iechyd ac a gaiff sylw ar unrhyw un adeg. Er enghraifft, gofynnir inni roi blaenoriaeth uchel iawn i reoli risg. Yr ydych hefyd yn gofyn i ni roi blaenoriaeth uchel iawn i gyrraedd targedau. Yn aml ceir tensiwn rhwng y rheini. Mae angen inni fod yn ymwybodol o hynny a bod yn glir, weithiau wrth inni geisio cyrraedd rhai o'r targedau, sydd hefyd yn bwysig, fe wyddom, yn nhermau profiad y claf, fod gwrthdaro a thensiwn yno. Mae'r sefydliad a wasanaethaf yn rhoi blaenoriaeth fawr hefyd i'w sefyllfa ariannol, sydd hefyd yn cymryd amser ac egni ar adegau eraill. Yr wyf yn ceisio bod yn glir a gonest iawn ei fod yn flaenoriaeth, ond bod gennym amrediad llawn o flaenoriaethau ac y ceir gwrthdaro rhyngddynt weithiau.

[195] **Alison Halford:** Gofynnwyd imi ofyn cwestiwn arall ichi, ac nid oes ots gennyf pwy gymer y cwestiwn gan fy mod wedi bod yn canolbwyntio arnoch chi yn unig, Hilary. Fodd bynnag, beth yw'r rhwystrau i sefydlu rheolaeth

time consuming and is it expensive? I must note that you seem to be behind the Cardiff and Vale NHS Trust in risk assessment. You have been honest enough to say that. So what are the barriers? Why can you not do better?

gref ar asesu risg? A ydyw'n cymryd amser ac a yw'n gostus? Rhaid imi nodi ei bod yn ymddangos eich bod ar ôl Ymddiriedolaeth GIG Caerdydd a'r Fro o ran asesu risg. Buoch yn ddigon gonest i ddweud hynny. Felly beth yw'r rhwystrau? Pam na allwch chi wneud yn well?

Ms Peplar: Culture has been, and still is to some extent, a barrier, and I think that Julie has referred to that. It takes time to get something through the entire organisation. There is sometimes a level of cynicism towards new innovations or things that are being introduced, and some resistance. There is a real issue there. There are barriers about spending the right amount of time and I am constantly told by people, 'Yes, I can do that, I am perfectly capable of doing that, but what do you want me to stop doing while I do that?'. I think that that is something that, perhaps in some of the smaller trusts, is a very big issue because people are having to juggle several different parts of an agenda at the same time. I think that there are barriers that we have already heard about and discussed in terms of the systems that were perhaps embryonic and are now developing to support what we are doing, and people getting used to those systems and some new systems that need to come in to, perhaps, close the whole end off. Julie, are there any others?

Ms Peplar: Bu diwylliant yn rhwystr, ac mae'n dal i fod i ryw raddau, ac yr wyf yn meddwl fod Julie wedi cyfeirio at hynny. Mae'n cymryd amser i gael rhywbeth drwy'r sefydliad cyfan. Weithiau ceir lefel o sinigiaeth tuag at syniadau newydd neu bethau a gyflwynir, a pheth gwrthsafiad. Mae hynny'n fater gwirioneddol. Mae rhwystrau ynghlwm wrth dreulio'r amser priodol, a dywed pobl wrthyf o hyd, 'Ie, gallaf wneud hynny, yr wyf yn berffaith abl i wneud hynny, ond beth hoffech imi roi'r gorau i'w wneud tra byddaf yn gwneud hynny?'. Yr wyf yn meddwl fod hynny'n rhywbeth sydd, efallai yn rhai o'r ymddiriedolaethau llai, yn fater mawr iawn oherwydd mae pobl yn gorfod jyglo sawl gwahanol ran o agenda ar yr un pryd. Credaf fod rhwystrau yr ydym wedi clywed amdanynt eisoes a'u trafod yn nhermau y systemau a oedd efallai yn eu babandod ac sydd bellach yn datblygu i gefnogi'r hyn yr ydym yn ei wneud, a phobl yn ymgynefino â'r systemau hynny a rhai systemau newydd y mae angen eu cyflwyno, efallai, i gau pen y mwdwl. Julie, oes yna ragor?

Ms Parry: It costs in time and in financial terms. Asking people to leave their clinical practice to reflect on practice takes time, as does passing the message across that we are not looking at managing risk after the events. Historically, in our culture we have been very reactive. We have only reacted after an event whereas we are trying to encourage the reverse and be proactive in terms of stopping it before it happens. We recognise that, even within our own trust. We have very good scores in terms of claims management—90 per cent. However, in terms of our records management, our score is 37.5 per cent. If we could turn that around and have better records management, then we would not have as many claims. It is about changing from a reactive to a proactive environment, which is not easy in our culture.

Ms Parry: Mae'n costio yn nhermau amser ac arian. Mae gofyn i bobl adael eu gwaith clinigol i feddwl am eu gwaith yn cymryd amser, fel y mae trosglwyddo'r neges nad ydym yn edrych ar reoli risg wedi'r digwyddiad. Yn hanesyddol, yn ein diwylliant ni yr ydym wedi bod yn adweithiol iawn. Dim ond adweithio wedi digwyddiad a wnaethom, ac yn awr yr ydym yn ceisio annog y gwrthwyneb a bod yn rhagweithiol yn nhermau atal digwyddiad cyn iddo ddigwydd. Sylweddolwn hynny, hyd yn oed o fewn ein hymddiriedolaeth ein hunain. Mae gennym sgoriau da iawn yn nhermau rheoli hawliadau—90 y cant. Fodd bynnag, yn nhermau rheoli cofnodion, 37.5 y cant yw ein sgôr. Pe gallem droi hynny o gwmpas a chael gwell rheolaeth cofnodion, yna ni fyddem yn cael cymaint o hawliadau. Mater ydyw o newid o amgylchedd adweithiol i un rhagweithiol, sydd ddim yn hawdd yn ein diwylliant ni.

[196] **Alison Halford:** You also mentioned, in an earlier comment, changing the culture. Is the culture in your trust any more difficult than in any other trust?

[196] **Alison Halford:** Soniasoch hefyd, mewn sylw cynharach, am newid y diwylliant. A yw'r diwylliant yn eich ymddiriedolaeth chi yn anos nag mewn unrhyw ymddiriedolaeth arall?

Ms Peplar: No, but we should reflect on the importance of addressing culture and not forget

Ms Peplar: Nac ydyw, ond dylem feddwl am bwysigrwydd ymdrin â diwylliant a pheidio ag

that it is not a case simply of introducing systems or processes. It is about people's belief in that and the use of it and ensuring that it is thoroughly entrenched throughout the whole of the organisation. That takes time to do.

anghofio nad dim ond mater o gyflwyno systemau neu brosesau ydyw. Mater ydyw o gred pobl yn hynny a'i ddefnydd a sicrhau ei fod yn gwreiddio'n drwyadl drwy'r sefydliad cyfan. Mae hynny'n cymryd amser i'w gyflawni.

[197] **Alison Halford:** The Auditor General points out that the three risk management standards where overall compliance across Wales was at its lowest: supervision of junior staff, communication between doctors and patients—and I know that we have gone over this in some other areas—and patient records, correspond to non-clinical errors that were found to be the prime reason behind a good proportion of negligence claims. These are basic supervisory shortfalls. Would you agree or not?

[197] **Alison Halford:** Mae'r Archwilydd Cyffredinol yn nodi fod y tair safon rheoli risg lle roedd y cydymffurfiad cyffredinol ar draws Cymru ar ei isaf, sef goruchwylio staff is, cyfathrebu rhwng meddygon a chleifion—a gwn ein bod wedi mynd dros hyn mewn rhai meysydd eraill—a chofnodion cleifion, yn cyfateb i gamgymeriadau anghlinigol y canfuwyd mai hwy oedd y prif reswm y tu cefn i gyfran dda o hawliadau esgeulustod. Diffygion goruchwylio sylfaenol yw'r rhain. A fyddech yn cytuno ai peidio?

Ms Peplar: Yes.

Ms Peplar: Byddwn.

[198] **Alison Halford:** So why is management not able to address these basic management skills?

[198] **Alison Halford:** Felly pam na all y rheolwyr weithio ar y sgiliau rheoli sylfaenol hyn?

Ms Peplar: Some of that is actually about just the simple number of people that are around to do that and where the time is spent. Increasingly, through other mechanisms, we are being asked to look, and we are looking very carefully, at how we supervise our junior staff. However, I do not think that we should underestimate the time that it takes to properly supervise staff throughout the whole of the organisation, and to do that in a way, as Julie said, that allows them time to reflect. It is not just a case of keeping an eye on them. It is standing back and giving them time to do it, and it is just a matter of the time in the system, or the lack of time in the system.

Ms Peplar: Mae a wnelo rhan o hynny yn syml â'r nifer o bobl sydd o gwmpas i wneud hynny, a ble y treulir yr amser. Fwyfwy, drwy fecanweithiau eraill, gofynnir inni edrych, ac yr ydym yn edrych yn fanwl iawn, ar sut yr ydym yn goruchwylio'n staff is. Fodd bynnag, nid wyf yn meddwl y dylem ddibrisio'r amser a gymer i oruchwylio staff yn iawn drwy'r sefydliad drwyddo draw, a gwneud hynny mewn modd, fel y dywedodd Julie, sydd yn caniatáu amser iddynt feddwl dros bethau. Nid achos o gadw llygad arnynt yn unig yw hyn. Mae'n fater o sefyll yn ôl a rhoi amser iddynt hwy ei wneud, a dim ond mater ydyw o'r amser yn y system, neu'r diffyg amser yn y system.

[199] **Alison Halford:** I must challenge you. I am sorry that it is focused on you, but your trust is the one that is slightly in the wooden spoon area at present when it comes to two of these standards. Why is this? I know that we have talked about the problems before 1999, but we must pursue an explanation of what you propose to do about it, and in these two particular areas, where you fall below 50 per cent.

[199] **Alison Halford:** Rhaid imi'ch herio. Mae'n ddrwg gennyf ganolbwyntio arnoch chi, ond eich ymddiriedolaeth chi yw'r un sydd ychydig yn ardal y llwy bren ar hyn o bryd pan soniwn am ddwy o'r safonau hyn. Pam fod hyn? Gwn ein bod wedi sôn am y problemau cyn 1999, ond rhaid inni fynd ar ôl eglurhad o'r hyn y bwriadwch ei wneud yn ei gylch, ac yn y ddau faes arbennig hyn, lle y cwympwch dan 50 y cant.

Ms Peplar: Do you want to pick that up, Julie, and tell them what we are doing?

Ms Peplar: A hoffech chi ymateb i hynny, Julie, a dweud wrthynt beth yr ydym yn ei wneud?

Ms Parry: Obviously, we have reflected on the scores from our previous audit. Again, part of that problem may have been a reconfiguration in terms of lead offices for standards, so we focused particularly on the three that were highlighted in the Auditor General's report. I can give the Committee reassurance that we will be achieving

Ms Parry: Yn amlwg, yr ydym wedi myfyrio ar y sgoriau o'n harchwiliad blaenorol. Eto, efallai mai rhan o'r broblem honno oedd ailgyflunio o ran swyddfeydd arweiniol ar safonau, felly dyma ganolbwyntio'n arbennig ar y tair a gafodd sylw yn adroddiad yr Archwilydd Cyffredinol. Gallaf roi sicrwydd i'r Pwyllgor y byddwn yn cyflawni dros

over 60 per cent in everything that we did poorly in the last audit. We have particularly focused on the supervision of junior staff, because again it is a trust issue. As I said to you before, we concentrated on specialist standards previously. So the three that we have focused on are the three that were raised within the report, as well as obviously our other areas. I think that we have been able to improve on that because we have been able to document better, because that is one of our areas of weakness. We have had the lead offices working on it and compiling it. One thing that I would say is that, because we did not necessarily have ownership of the standards last year, there may well have been evidence within the trust that was not taken into account during the audit. After the event many people said, 'Oh you should have come to me and we would have given you whatever', and that may have reflected on the scores as well.

60 y cant ym mhopeth a wnaethom yn wael yn yr archwiliad diwethaf. Yr ydym wedi canolbwyntio'n arbennig ar oruchwylio staff is, oherwydd eto mae'n fater i'r ymddiriedolaeth. Fel y dywedais wrthych o'r blaen, yr oeddem yn canolbwyntio ar safonau arbenigol o'r blaen. Felly y tair y canolbwyntiwyd arnynt yw'r tair a godwyd yn yr adroddiad, yn ogystal â'n meysydd eraill wrth reswm. Yr wyf yn meddwl ein bod wedi gallu gwella ar hynny oherwydd yr ydym wedi gallu dogfennu'n well, gan mai dyna un o'n meysydd gwan ni. Yr ydym wedi cael y swyddfeydd arweiniol i weithio arno a'i gasglu ynghyd. Un peth a ddywedwn yw, am nad ni o reidrwydd oedd piau'r safonau y llynedd, efallai'n wir bod tystiolaeth o fewn yr ymddiriedolaeth na chymerwyd i ystyriaeth yn ystod yr ymweliad. Wedi'r digwyddiad, dywedodd llawer o bobl, 'O, dylech fod wedi dod ataf fi a byddem wedi rhoi hyn-a-hyn ichi', ac efallai fod hynny wedi adlewyrchu ar y sgoriau hefyd.

[200] **Alison Halford:** Okay. Do you think that the Assembly should be able to do more for trusts that are hitting the lower target?

[200] **Alison Halford:** Iawn. A ydych yn meddwl y dylai'r Cynulliad allu gwneud mwy dros yr ymddiriedolaethau sydd yn taro'r targed is?

Ms Peplar: It is difficult to identify exactly what. It might be very easy to say, 'Well, give us a bit of slack', but I am not sure that that is the answer at all. I think sometimes that it is about taking a bit of time to understand exactly what the issues are, and perhaps looking at different ways. For example, I think, particularly for some of the smaller trusts—and I do not count us within that—actually looking at perhaps some external help, but put in a very supportive way to help them and to actually give them some space to deliver some of the targets would be useful. I think that the very small organisations find it extraordinarily difficult to spread themselves over all of the standards that they have to reach. There might be something there. You could have perhaps people within the Welsh Risk Pool or whatever who could give some specific help and additional advice. That is off the top of my head.

Ms Peplar: Mae'n anodd dweud yn union beth. Gallai fod yn hawdd iawn dweud, 'Wel, rhowch ychydig o raff inni', ond nid wyf yn siwr ai dyna'r ateb o gwbl. Byddaf yn meddwl weithiau mai mater ydyw o gymryd ychydig o amser i ddeall beth yn union yw'r materion, ac efallai edrych ar wahanol ffyrdd. Er enghraifft, yr wyf yn meddwl, yn enwedig i rai o'r ymddiriedolaethau llai—ac nid wyf yn ein cynnwys ni yn hynny—y byddai'n fuddiol edrych ar gymorth allanol efallai, ond ei roi mewn ffordd gefnogol iawn i'w helpu hwy ac i roi rhywfaint o le iddynt gyflawni rhai o'r targedau. Yr wyf yn meddwl bod y sefydliadau bach iawn yn ei chael yn hynod o anodd taenu eu hunain dros yr holl safonau y maent i fod i'w cyrraedd. Efallai fod rhywbeth yn y fan honno. Gallech gael pobl o fewn Cronfa Risg Cymru neu beth bynnag, a allai roi rhyw gymorth penodol a chyngor ychwanegol, efallai. Syniadau yn unig yw'r rhain.

[201] **Alison Halford:** Do you, Mr Edwards or Ms Hobbs have a comment on that question?

[201] **Alison Halford:** A oes gennych chi, Mr Edwards neu Ms Hobbs, sylw ar y cwestiwn hwnnw?

Mr Edwards: May I link the question on Assembly help with the issue surrounding the barriers to risk management improvements? I think that the first thing to say is that the investment that we had last year as a service in Wales has really been welcomed and that we have been able to deliver a lot with that and really do well, I think, in terms of emergency medicine particularly and also waiting

Mr Edwards: A gaf fi gysylltu'r cwestiwn ar gymorth gan y Cynulliad â'r mater ynghylch y rhwystrau i wella rheolaeth risg? Credaf mai'r peth cyntaf i'w ddweud yw bod y buddsoddiad a gawsom y llynedd fel gwasanaeth yng Nghymru yn dderbyniol dros ben a'n bod wedi gallu cyflawni llawer gyda hwnnw a gwneud yn wirioneddol dda, dybiwn i, yn nhermau

lists. We have taken 3,000 patients off the lists compared with last year. However, the point that I wanted to make was that we are still running at 95 to 98 per cent bed occupancy in our inpatient service. The English standard is to move towards 82 per cent. England has an awfully long way to go to get that. I think that taking some of that service pressure into account is going to be a helpful move on the part of the Assembly—over time, but in recognition of the sort of pressure that the service is under.

meddygaeth argyfwng yn arbennig, a rhestrau aros hefyd. Yr ydym wedi tynnu 3,000 o gleifion oddi ar y rhestrau o gymharu â'r llynedd. Fodd bynnag, y pwynt yr oeddwn i eisiau ei wneud oedd ein bod yn dal i redeg ar 95 i 98 y cant o welyau llawn yn ein gwasanaeth cleifion mewnol. Y safon yn Lloegr yw symud tuag at 82 y cant. Mae gan Loegr ffordd ofnadwy o bell i fynd i gyrraedd hynny. Yr wyf yn meddwl y bydd cymryd peth o'r pwysau gwasanaeth hynny i ystyriaeth yn symudiad defnyddiol gan y Cynulliad—dros amser, ond gan gydnabod y math o bwysau sydd ar y gwasanaeth.

The tensions that Hilary referred to, for example, between really good clinical governance—the Royal Colleges are now saying to us that we are only going to see so many outpatients in a clinic because of the governance issues. Against that, you have got the targets for increasing activity and people like me trying to achieve that. So there are some tensions in the system. We are moving in the right direction in terms of service and service development. However, I think that pressures in the system are barriers to achieving some of the standards that the Committee would like us to achieve.

Mae'r tensiynau y cyfeiriodd Hilary atynt, er enghraifft, rhwng llywodraethu clinigol da iawn—mae'r Colegau Brenhinol yn dweud wrthym yn awr mai dim ond hyn a hyn o gleifion allanol y cawn eu gweld mewn clinig oherwydd y materion llywodraethu. Yn erbyn hynny, ceir y targedau ar gyfer cynyddu gweithgaredd, a phobl fel fi'n ceisio cyflawni hynny. Felly mae rhai tensiynau yn y system. Yr ydym yn symud i'r cyfeiriad iawn yn nhermau gwasanaeth a datblygu'r gwasanaeth. Fodd bynnag, yr wyf yn meddwl fod pwysau yn y system yn rhwystrau inni gyflawni rhai o'r safonau yr hoffai'r Pwyllgor inni eu cyflawni.

[202] **Alison Halford:** My very last question is not on the brief but I am interested in this. Susan Hobbs, you are very interested in a single patient computerised record; you have spoken about that a couple of times. You have also talked about it needing resources. I remember that, under Sir John's auspices, we took evidence on fraud in relation to national health service prescriptions. I believe, from my memory, that we were told that doctors were not even able to put their GP records on a computerised system yet. If I am right about that, how on earth could you ever envisage that one patient records system could go on a computerised database?

[202] **Alison Halford:** Nid yw fy nghwestiwn olaf un ar y brîff ond mae gennyf ddiddordeb yn hyn. Susan Hobbs, mae gennych chi ddiddordeb mawr mewn un cofnod cyfrifiadurol i'r claf; yr ydych wedi siarad am hynny fwy nag unwaith. Yr ydych hefyd wedi dweud fod angen adnoddau ar ei gyfer. Cofiaf inni gymryd tystiolaeth, dan arolygaeth Syr John, ar dwyll mewn perthynas â phresgripsiynau'r gwasanaeth iechyd gwladol. Credaf, o'r hyn a gofiaf, y dywedwyd wrthym nad oedd meddygon hyd yn oed yn gallu rhoi eu cofnodion meddyg teulu ar system gyfrifiadurol eto. Os ydwyf yn gywir am hynny, sut ar wyneb y ddaear allech chi fyth ragweld y gallai un system gofnodion cleifion fynd ar gronfa ddata gyfrifiadurol?

Ms Hobbs: Well, because it happened in other health care systems. I think that if it happens in other health care systems, it—

Ms Hobbs: Wel, am ei fod wedi digwydd mewn systemau gofal iechyd eraill. Yn fy marn i os yw'n digwydd mewn systemau gofal iechyd eraill, mae—

[203] **Alison Halford:** Not in this country.

[203] **Alison Halford:** Nid yn y wlad hon.

Ms Hobbs: Not in this country. I think that it has been interesting, if one looks retrospectively at matters. For example, in Devon in the mid 1980s, there was something called a smart card that was developed by a group of general practitioners, in fact, in a small village on the coast. That was

Ms Hobbs: Nid yn y wlad hon. Credaf ei fod wedi bod yn ddiddorol, o edrych yn ôl ar bethau. Er enghraifft, yn Nyfnaint yng nghanol y 1980au, datblygwyd rhywbeth o'r enw 'smart card' gan grwp o feddygon teulu, yn wir, mewn pentref bach ar yr arfordir. Ystyrid fod hynny'n chwyldro

considered to be a revolution in technology. It was the size of a credit card, which it was supposed to be, and it was piloted. It was given to individuals so that they could literally take their health record with them anywhere that they wanted to go. It had its limitations, but it did not half make people think.

technolegol. Yr oedd yr un maint â cherdyn credyd, sef yr hyn yr oedd i fod, ac fe'i peilotwyd. Fe'i rhoddwyd i unigolion fel y gallent yn llythrennol fynd â'u cofnod iechyd gyda hwy i ble bynnag y dymunent fynd. Yr oedd iddo ei gyfyngiadau, ond wir, fe wnaeth i bobl feddwl.

I think that, if you take that to another extreme, and if you look at the introduction of parent-held child health records to take away from the duplication of effort between multi-professionals in the early 1990s, that was considered to be a great move forward. It was not rocket science. You can do it. I think that one of the problems that has been highlighted is about linkages. I think that it is about linking health care; not just linking health care and health services, but also linking health into social care and other agency care.

Yr wyf yn meddwl, os ewch chi â hynny i eithaf arall, ac os edrychwch ar gyflwyno cofnodion iechyd plant i'w dal gan y rhieni, i symud i ffwrdd oddi wrth y dyblygu ymdrech rhwng pobl aml-broffesiwn yn y 1990au cynnar, yr ystyriwyd fod hynny'n gam mawr ymlaen. Nid gwyddoniaeth rocedi mohono. Gallwch chi ei wneud. Yr wyf yn meddwl mai un o'r problemau a amlygwyd oedd dolenni cyswllt. Credaf fod a wnelo hyn â dolennu gofal iechyd; nid dim ond i gysylltu gofal iechyd a gwasanaethau iechyd, ond hefyd i gysylltu iechyd â gofal cymdeithasol a gofal asiantaethau eraill.

It is a bit of a pet subject, so I probably need to—

Mae'n dipyn o hoff bwnc gennyf, felly mae'n debyg bod angen imi—

[204] **Alison Halford:** I had gathered that, but I am interested.

[204] **Alison Halford:** Yr oeddwn wedi casglu hynny, ond mae gennyf ddiddordeb.

Ms Hobbs: I think that it is true to say that there was a huge amount of investment with the early stages of GP fundholding, in terms of ensuring that every practice in the land was computerised up to the hilt. However, they could not technically speak to NHS trusts or health authorities. There are immediate barriers, and you can see that. We have all got rather a lot of experience in both primary and secondary care. Some of those barriers to the exchange of information actually led to delay in—

Ms Hobbs: Yr wyf yn meddwl ei bod yn wir dweud y cafwyd swm enfawr o fuddsoddiad gyda chamau cyntaf rhoi eu cyllid yn nwylo meddygon teulu, o ran sicrhau bod pob practis yn y wlad yn hollol gyfrifiadurol. Fodd bynnag, ni allent yn dechnegol siarad gydag ymddiriedolaethau NHS nac awdurdodau iechyd. Mae rhwystrau yno yn syth, a gallwch weld hynny. Mae gennym i gyd lawer o brofiad mewn gofal sylfaenol ac eilaidd. Arweiniodd rhai o'r rhwystrau hynny rhag cyfnewid gwybodaeth at oedi yn—

[205] **Alison Halford:** In the negligence.

[205] **Alison Halford:** Yn yr esgeulustod.

Ms Hobbs: Well, delay in delivering care. We know what can result from that, because we have seen and we know what can happen as a result of poor or ineffective communication.

Ms Hobbs: Wel, oedi o ran darparu gofal. Gwyddom beth all ddigwydd yn sgîl hynny, oherwydd yr ydym wedi gweld ac yn gwybod beth all ddigwydd o ganlyniad i gyfathrebu gwael neu aneffeithiol.

It does happen in other health care systems, so the technology exists, but it requires huge investment.

Y mae'n digwydd mewn systemau gofal iechyd eraill, felly mae'r dechnoleg yn bod, ond mae angen buddsoddiad anferth.

[206] **Alison Halford:** On that happy note, I shall pass back to the Chair.

[206] **Alison Halford:** Ar y nodyn hapus hwnnw, trosglwyddaf yn ôl i'r Cadeirydd.

[207] **Dafydd Wigley:** May I ask a supplementary? I am picking up where Alison was a moment ago, when there was a reference to the three risk management standards over Wales as a whole,

[207] **Dafydd Wigley:** A gaf i ofyn cwestiwn ategol? Yr wyf yn codi'r pwynt lle'r oedd Alison funud yn ôl, pan gyfeiriwyd at y tair safon reoli risg dros Gymru gyfan, lle roedd y cydymffurfiad

where compliance was lowest. I am looking at north-east Wales now, but I am looking at a couple of areas that were not under those three headings.

ar ei isaf. Yr wyf yn edrych ar y gogledd-ddwyrain yn awr, ond yr wyf yn edrych ar un neu ddau o feysydd nad oedd dan y tri phennawd hynny.

I am looking particularly at policies and procedures where there is 25 per cent compliance. That is pretty fundamental, I would have thought, because getting policies and procedures right is key to so many other things. Can you give us any assurance that there is no way that you are going to come back with that sort of figure in future? Otherwise, the others are not going to sort themselves out either.

Yr wyf yn edrych yn arbennig ar bolisïau a gweithdrefnau lle ceir cydymffurfiad 25 y cant. Mae hynny'n weddol sylfaenol, dybiwn i, gan fod cael polisïau a gweithdrefnau'n iawn yn allweddol i gymaint o bethau eraill. A allwch roi unrhyw sicrwydd inni nad oes unrhyw berygl y deuwch yn ôl gyda'r math hwnnw o ffigur yn y dyfodol? Fel arall, nid yw'r lleill yn mynd i ddatrys eu hunain ychwaith.

Ms Peplar: I can indeed. You are absolutely right, it is an atrocious figure. What we have done is to introduce a core policy of policies, and from that a number of others are flowing in fast order at the moment. We have clarified the system by which policies get through the whole organisation. That was a problem before, and there were all sorts of barriers to policies being agreed, for all sorts of bizarre and antiquated reasons. I can assure you that that has improved enormously and is continuing to improve.

Ms Peplar: Gallaf yn wir. Yr ydych yn llygad eich lle, mae'n ffigur gwarthus. Beth yr ydym wedi'i wneud yw cyflwyno polisi craidd o bolisïau, ac o hwnnw mae nifer o rai eraill yn llifo am a welwch chi ar hyn o bryd. Yr ydym wedi eglurhau'r system sydd yn symud polisïau drwy'r sefydliad cyfan. Yr oedd hynny'n broblem o'r blaen, ac yr oedd pob math o rwystrau i gytuno ar bolisïau, am bob math o resymau gwirion a hen ffasiwn. Gallaf eich sicrhau bod hynny wedi gwella'n aruthrol a'i fod yn dal i wella.

[208] **Dafydd Wigley:** I am heartened to hear that. The other area about which I was particularly concerned, and one in which I have had some interest, is specialist standards and those with regard to mental health. As with so many areas, it has been a Cinderella. What assurances can you give that that has been rigorously reviewed and that 13 per cent will not appear again?

[208] **Dafydd Wigley:** Yr wyf yn falch o glywed hynny. Y maes arall yr oedd gennyf bryder arbennig amdano, ac un y bu gennyf ryw ddiddordeb ynddo, yw safonau arbenigol a'r rheini sydd yn ymwneud ag iechyd meddwl. Fel gyda chymaint o feysydd, bu'n berthynas dlawd. Pa sicrwydd a allwch chi ei roi fod hynny wedi'i adolygu'n drylwyr ac nad ymddengys 13 y cant eto?

Ms Peplar: We have appointed a new manager, and I gather that there had been several unsuccessful attempts to appoint a manager for that service. The person came into post in November, and he has taken this on personally and is taking a strong lead in this area and in other parts of mental health management. Again, I am very clear that this will be different when we come forward to be measured.

Ms Peplar: Yr ydym wedi penodi rheolwr newydd, ac yr wyf yn casglu y bu sawl ymgais ofer i benodi rheolwr i'r gwasanaeth hwnnw. Daeth y person i'r swydd ym mis Tachwedd, ac mae wedi mynd i'r afael â hyn yn bersonol ac yn rhoi arweiniad cryf yn y maes hwn ac mewn rhannau eraill o reolaeth iechyd meddwl. Eto, yr wyf yn glir iawn y bydd hyn yn wahanol pan ddeuwn ymlaen i gael ein mesur.

[209] **Janet Davies:** Kirsty Williams has some questions about adverse incident reporting.

[209] **Janet Davies:** Mae gan Kirsty Williams rai cwestiynau am adrodd ar ddigwyddiadau niweidiol.

[210] **Kirsty Williams:** I think that, in all honesty, Madam Chair, we covered that quite rigorously earlier on, in terms of how you learn from adverse incident reporting and the witnesses' views on the need for a standardised database and how that would help them. I do not know whether they have anything further to add with regard to adverse

[210] **Kirsty Williams:** Yr wyf yn meddwl, â bod yn gwbl onest, Madam Cadeirydd, inni drafod hynny'n weddol drwyadl yn gynharach, o ran sut y dysgwch oddi wrth adroddiadau digwyddiadau niweidiol a sylwadau'r tystion ar yr angen am gronfa ddata safonol a sut y byddai hynny'n eu helpu. Ni wn a oes ganddynt unrhyw beth pellach

incident reporting and how that can be used. I think that we did cover it. Therefore, I would beg your indulgence, and pick up on points made by Ms Peplar and Mr Edwards with regard to barriers and the conflict between the political obsession with waiting lists and the failure of waiting lists to adequately address the quality of care that a patient receives. In your opinion, in what ways could we move to a system that adequately tests both political activity and clinical activity in a better fashion than the way in which we tend to focus on waiting lists at present?

i'w ychwanegu ar fater adrodd ar ddigwyddiadau niweidiol a sut y gellir defnyddio hynny. Yr wyf yn meddwl ein bod ni wedi ei drafod. Felly, erfyniaf am eich goddefgarwch, a tharo eto ar bwyntiau a wnaethpwyd gan Ms Peplar a Mr Edwards parthed rhwystrau a'r gwrthdaro rhwng yr obsesiwn gwleidyddol gyda rhestrau aros a methiant rhestrau aros i fynd i'r afael yn ddigonol ag ansawdd y gofal a dderbynnir gan glaf. Yn eich barn chi, ym mha ffyrdd y gallem symud at system sydd yn rhoi prawf digonol ar weithgaredd gwleidyddol a gweithgaredd clinigol ill dau mewn ffordd well na'r ffordd yr ydym yn tueddu i ganolbwyntio ar restrau aros ar hyn o bryd?

Ms Peplar: It is interesting that, when Frank Dobson became Secretary of State for Health, he raised the issue that waiting lists were the most important thing for people on those lists. I have to say that, to some extent, it almost feels like a created importance. I think that it is very important for people when they are on the list, but I am not sure that it is the most important thing. I think that we need to talk with the public about what actually is important in terms of healthcare and the delivery of healthcare. I think that the public is very able to deal with the quite sophisticated debate that needs to be held about what is feasible and possible where there is a limited resource—and there always will be; we will never be able to meet demand. I think that we need to engage in a much more sophisticated debate about what is absolutely important and vital. There are occasions, for example, when we are driven to achieve waiting list targets, which have a certain simple popularity, and I understand that. However, when you look at them in terms of clinical appropriateness, maybe we would question whether they are the most important issue. I think that it is very difficult for us, or for our staff, when, on the one hand, I am driving and pushing them to sustain the achievements that they have made over the last four years with regard to waiting lists and when the new targets are coming in—with which I would not disagree as a consumer of services as well as the provider or the person responsible for providing them—but I think that a debate needs to be held, which is not happening at the moment. There is an assumption that we know exactly what is the most important thing, and I think that we need to query that. I think that people, in fact, are prepared to engage in quite sophisticated debates about what is important in healthcare, and sometimes we are reluctant to get into that, both at a local level and at a wider political level. It is interesting that, certainly in north-east Wales, the local community health council is very clear that we could change the

Ms Peplar: Mae'n ddiddorol, pan ddaeth Frank Dobson yn Ysgrifennydd Gwladol dros Iechyd, iddo godi'r pwynt mai rhestrau aros oedd y peth pwysicaf i bobl ar y rhestrau hynny. Rhaid imi ddweud ei fod, i ryw raddau, bron yn teimlo fel pwysigrwydd sydd wedi'i greu. Credaf ei fod yn bwysig iawn i bobl pan fônt ar y rhestr, ond nid wyf yn siŵr mai dyna'r peth pwysicaf. Credaf fod angen inni siarad gyda'r cyhoedd ynghylch beth sydd wir yn bwysig yn nhermau gofal iechyd a darpariaeth gofal iechyd. Credaf fod y cyhoedd yn abl iawn i ddelio â'r ddadl eithaf soffistigedig y mae angen ei chynnal ynghylch beth sydd yn ymarferol ac yn bosibl lle mae adnoddau'n gyfyngedig—a bydd hynny bob amser yn wir; ni fyddwn byth yn gallu cwrdd â'r galw. Credaf fod angen inni fynd i'r afael â dadl lawer mwy soffistigedig ynghylch beth sydd yn gwbl hollbwysig a hanfodol. Y mae achosion, er enghraifft, pryd y cawn ein gyrru i gyrraedd targedau rhestrau aros, sydd â rhyw boblogrwydd syml, ac yr wyf yn deall hynny. Fodd bynnag, pan edrychwch arnynt yn nhermau priodoldeb clinigol, efallai y byddem yn cwestiynu ai dyma'r mater pwysicaf. Yr wyf yn meddwl ei bod yn anodd iawn i ni, neu i'n staff, pan, ar y naill law, yr wyf fi'n eu gyrru ac yn eu gwthio i gynnal yr hyn a gyflawnwyd ganddynt dros y pedair blynedd diwethaf o safbwynt rhestrau aros a phan yw'r targedau newydd yn dod i mewn—targedau na fyddwn yn anghytuno â hwy fel defnyddiwr gwasanaethau yn ogystal â'r darparwr neu'r person cyfrifol am eu darparu—ond credaf fod angen cynnal dadl, rhywbeth nad yw'n digwydd ar hyn o bryd. Ceir rhagdybiaeth ein bod yn gwybod yn union beth yw'r peth pwysicaf, a chredaf fod angen inni gwestiynu hynny. Yr wyf yn meddwl fod pobl, mewn gwirionedd, yn barod i gymryd rhan mewn dadleuon eithaf soffistigedig ynghylch beth sydd yn bwysig mewn gofal iechyd, a'n bod ni weithiau'n gyndyn i fynd i mewn i hynny, ar lefel leol ac ar lefel wleidyddol ehangach. Mae'n ddiddorol bod y cyngor iechyd

tenor of discussion and debate if we could jointly engage in that. That is a question of time and resource, but we could do it.

cymuned lleol, yn y gogledd-ddwyrain beth bynnag, yn glir iawn y gallem newid naws y drafodaeth a'r ddadl pe gallem fynd i'r afael â hynny ar y cyd. Cwestiwn o amser ac adnoddau yw hynny, ond gallem ei wneud.

Mr Edwards: The point that you were making earlier about engaging the public is important here. The general public is quite a sophisticated group of people and I think that they understand what is important as between emergency, elective and urgent. I think that they know all about that, and certainly on some of the waits in Wales, people are uncomfortable, not only about the length of time, but also about the potential for distorting clinical priorities that that creates. My own view is that we ought to have a basket of measures that reflects the quality of the service that we provide, of which waiting is but one. The service should be measured through the performance management system that I am sure that Ann Lloyd will introduce, against that basket of measures. We should consult the public on what they are, and we should be called to account for that, in fora such as this one today. I think that that would be helpful to our staff.

Mr Edwards: Mae'r pwynt a wnaethoch yn gynharach ynghylch sicrhau cyfranogiad y cyhoedd yn bwysig yma. Mae'r cyhoedd yn gyffredinol yn grwp eithaf soffistigedig o bobl ac yr wyf yn meddwl eu bod yn deall beth sydd yn bwysig rhwng argyfwng, dewisol a brys. Credaf y gwyddant yn iawn am hynny, ac yn sicr ar rai o'r arosiadau yng Nghymru, mae pobl yn anghysurus, nid yn unig ynghylch hyd yr amser, ond hefyd am y potensial y mae hynny'n ei greu ar gyfer llurgunio blaenoriaethau clinigol. Fy marn i yw y dylem gael basgedaid o fesurau sydd yn adlewyrchu ansawdd y gwasanaeth a ddarparwn, a rhestrau aros yn un o'r rheini yn unig. Dylid mesur y gwasanaeth drwy'r system reoli perfformiad yr wyf yn siwr y bydd Ann Lloyd yn ei chyflwyno, yn erbyn y fasgedaid honno o fesurau. Dylem ymgynghori â'r cyhoedd ar beth ydynt, a dylid ein galw i gyfrif am hynny, mewn ffora tebyg i hon heddiw. Yr wyf yn meddwl y byddai hynny o gymorth i'n staff.

I would add the earlier point that I was making, that I think that we have a service that is moving forward. The mental health service and the acute service are moving forward. However, we still have, I think, unacceptable levels of pressure on staff. I think that the other area with which we have difficulties in the service is the recruitment and retention of staff. Unless we rectify that, we will find ourselves in increasing difficulty and in a vicious circle where we want to do more, but cannot because we do not have the staff. We also need to get the environment within which we operate right. Some of those are in tension, as we have already discussed.

Hoffwn ychwanegu'r pwynt a wneuthum yn gynharach, sef fy mod yn meddwl fod gennym wasanaeth sydd yn symud ymlaen. Mae'r gwasanaeth iechyd meddwl a'r gwasanaeth achosion llym yn symud ymlaen. Fodd bynnag, y mae gennym o hyd, mi gredaf, lefelau annerbyniol o bwysau ar staff. Credaf mai recriwtio a chadw staff yw'r maes arall lle cawsom anawsterau yn y gwasanaeth. Oni chywirwn hynny, fe'n cawn ein hunain mewn anhawster cynyddol ac mewn cylch mileinig lle bydd arnom eisiau gwneud mwy, ond na allwn oherwydd nad yw'r staff gennym. Mae angen cael yr amgylchedd y gweithiwn ynddo yn iawn hefyd. Mae tensiwn mewn rhai o'r rheini, fel y trafodwyd eisoes.

[211] **Janet Davies:** Jocelyn, I know that quite a few of the questions that you wanted to ask have already been covered. Do you want to raise something else, bearing in mind that this is a hearing on clinical negligence?

[211] **Janet Davies:** Jocelyn, gwn fod cryn nifer o'r cwestiynau yr oeddech chi am eu gofyn wedi'u trafod yn barod. A oes arnoch eisiau codi rhywbeth arall, gan gofio mai gwrandawiad ar esgeulustod clinigol yw hwn?

[212] **Jocelyn Davies:** I will stick to that remit. I have one or two questions on mediation. When this report was put together, neither of your trusts had offered mediation to claimants, and ex gratia payments had rarely been used. Are there any reasons why you have not sought to explore that avenue? Earlier on, we touched on mediation and you gave the impression that it was not very good

[212] **Jocelyn Davies:** Cadwaf at y maes hwnnw. Mae gennyf un neu ddau o gwestiynau ar gyfryngu. Pan luniwyd yr adroddiad hwn, nid oedd y naill na'r llall o'ch ymddiriedolaethau wedi cynnig cyfryngu i hawlwyr, a phrin fu'r defnydd ar daliadau ex gratia. A oes unrhyw resymau pam nad ydych wedi ceisio ymchwilio i'r posibiliadau hynny? Yn gynharach, crybwyllwyd cyfryngu a

value for money. Would you like to expand on that?

rhoesoch yr argraff nad oedd yn werth da iawn am arian. A hoffech ymhelaethu ar hynny?

Ms Peplar: What we found is that that there was quite a resistance, particularly from solicitors representing claimants, to actually go forward for mediation. Where we have, perhaps, felt that it was appropriate because of the nature of a particular claim, and that that would be the useful thing to do, we have found enormous resistance to it and people saying, 'No, no, we do not want to go for that'. I think that there has been a reluctance, perhaps, inside the service in the sense that some think, 'If we get into mediation and we say anything, are we going to open it up and are people then going to run away and say, "Well, you said that; you have acknowledged that, therefore there is reason for a claim".' However, the main resistance to mediation certainly comes from solicitors representing claimants.

Ms Peplar: Yr hyn a gawsom oedd bod cryn wrthsafiad, yn enwedig gan gyfreithwyr yn cynrychioli hawlwyr, i symud ymlaen at gyfryngu. Lle'r ydym wedi teimlo efallai y byddai'n briodol oherwydd natur hawliad arbennig, ac mai dyna fyddai'r peth defnyddiol i'w wneud, yr ydym wedi cael gwrthsafiad aruthrol iddo a phobl yn dweud, 'Na, na, nid ydym am fynd am hynny'. Yr wyf yn meddwl y bu amharodrwydd, efallai, o fewn y gwasanaeth yn yr ystyr bod rhai'n meddwl, 'Os awn i gyfryngu ac os dywedwn unrhyw beth, a ydym am ei agor led y pen ac a yw pobl yn mynd i redeg i ffwrdd wedyn a dweud "Wel, dywedasoch hynny; yr ydych wedi cydnabod hynny, felly mae rheswm dros hawlio".' Fodd bynnag, daw'r prif wrthsafiad i gyfryngu yn sicr o du cyfreithwyr sydd yn cynrychioli hawlwyr.

Mr Edwards: I do not think that I have anything to add to that other than to agree with it wholeheartedly. That is absolutely spot on.

Mr Edwards: Nid wyf yn meddwl fod gennyf unrhyw beth i'w ychwanegu at hynny ac eithrio cytuno'n llwyr. Mae hynny yn hollol gywir.

[213] **Jocelyn Davies:** So the mediation is offered once the solicitors are involved and not before?

[213] **Jocelyn Davies:** Felly cynigir y cyfryngu unwaith y bydd y cyfreithwyr wedi dod i mewn, ac nid cynt?

Ms Peplar: In the complaints process, you will go for mediation quite often. I will quite often look at a complaint and look at mediation as the way forward. Quite often it will happen at that stage. It sounds difficult to say, but sometimes you can almost tell that it will not do anything. You will enter into it and you will have the conversation, but you can feel that the person is already determined that they are going to take the next step, which may be the independent review or the ombudsman. That is more about the complaints rather than the claims management end of it. It is often very much on that side of things.

Ms Peplar: Yn y broses gwynion, byddwch yn mynd am gyfryngu'n eithaf aml. Byddaf i'n aml yn edrych ar gwyn ac yn gweld cyfryngu fel y ffordd ymlaen. Yn eithaf aml bydd yn digwydd bryd hynny. Mae'n swnio'n anodd dweud, ond weithiau bron y gallwch ddweud na wnaiff gyflawni dim. Ewch i mewn iddo a chewch y sgwrs, ond gallwch deimlo bod y person eisoes yn benderfynol ei fod am gymryd y cam nesaf, a all fod yn adolygiad annibynnol neu'r ombwdsmon. Mae hynny'n fwy gwir am yr ochr gwynion na'r ochr reoli hawliadau. Ar yr ochr hynny i bethau y mae yn aml iawn.

[214] **Jocelyn Davies:** In the report, the Auditor General states that research has established that patients take legal action even though they would like a different route, and that it should be explored. Other trusts have found it helpful and yet you have not.

[214] **Jocelyn Davies:** Yn yr adroddiad, dywed yr Archwilydd Cyffredinol fod ymchwil wedi sefydlu fod cleifion yn mynd i gyfraith er yr hoffent fynd ffordd arall, ac y dylid ymchwilio i hynny. Mae ymddiriedolaethau eraill wedi cael hynny'n fuddiol, ac eto nid ydych chi.

Ms Peplar: I would like to understand that. I know that it is there in the report but when I have talked to colleagues, I have not heard about real successes around this. I have looked for those to understand it. Certainly, where I came from, again, it was not something that we had been able to take forward in a very positive way.

Ms Peplar: Hoffwn ddeall hynny. Gwn ei fod yno yn yr adroddiad ond pan wyf wedi siarad â chydweithwyr, nid wyf wedi clywed am lwyddiannau gwirioneddol ynglyn â hyn. Yr wyf wedi chwilio amdanynt er mwyn deall y peth. Yn sicr, o ble y deuthum i, eto, nid oedd yn rhywbeth yr oeddem wedi gallu ei ddwyn ymlaen mewn ffordd bositif iawn.

[215] **Jocelyn Davies:** I know that you have invested in training staff in legal aspects, but have you invested anything in training them for mediation?

[215] **Jocelyn Davies:** Gwn eich bod wedi buddsoddi mewn hyfforddi staff mewn agweddau cyfreithiol, ond a ydych wedi buddsoddi unrhyw beth i'w hyfforddi ar gyfer cyfryngu?

Ms Peplar: No, we have not.

Ms Peplar: Nac ydym.

[216] **Jocelyn Davies:** What alternatives to suing do patients have if they have a greivance and mediation is not on offer, because it says here that you have not offered it, and ex gratia payments do not seem to be on the agenda either?

[216] **Jocelyn Davies:** Pa ddewisiadau eraill ond mynd i gyfraith sydd gan gleifion os oes ganddynt gwyn ac nad yw cyfryngu'n cael ei gynnig, oherwydd mae'n dweud yma nad ydych wedi ei gynnig, ac nid yw'n ymddangos bod taliadau ex gratia ar yr agenda ychwaith?

Ms Peplar: Can I separate mediation in the claims process and mediation in the complaints process? When we embark on the complaints process, then, quite often, we will mediate. There will be a lot of mediation and our staff will lead on that, and there will be a lot of discussion. However, that is not, I think, what was being reviewed in this report, which I think is particular to claims and clinical negligence. In that area, where people have already moved to legal action, they have either explored to their own satisfaction—or their dissatisfaction—all the other options or they have gone straight to legal action, at which point we must cease the complaints process.

Ms Peplar: A gaf fi wahanu cyfryngu yn y broses hawliadau a chyfryngu yn y broses gwynion? Pan gychwynnwn ar y broses gwynion, yna, yn weddol aml, byddwn yn canoli. Bydd llawer o gyfryngu a bydd ein staff ni'n arwain ar hynny, a bydd llawer o drafod. Fodd bynnag, nid dyna, yr wyf yn meddwl, oedd yn cael ei adolygu yn yr adroddiad hwn, sydd yn benodol, dybiaf fi, i hawliadau ac esgeulustod clinigol. Yn y maes hwnnw, lle mae pobl eisoes wedi symud at weithredu cyfreithiol, maent naill ai wedi ymchwilio i'w bodlonrwydd hwy eu hunain—neu eu hanfodlonrwydd—yr holl opsiynau eraill, neu maent wedi mynd yn syth i gyfraith, ac yn y fan honno mae'n rhaid inni derfynu'r broses gwynion.

Mr Edwards: I would like to add to that, if I may. Mediation is part of the legal process, and it is in that fairly narrow context that we are discussing it. Like Hilary, we offer mediation. We like to try to settle grievances—whether they are complaints or whether there is a legal component to that—as close to the shop floor, the ward or the department as we possibly can. We have a number of examples where we make ex gratia payments quite specifically. We find that that is successful and cost-effective.

Mr Edwards: Hoffwn ychwanegu at hynny, os caf. Mae cyfryngu'n rhan o'r broses gyfreithiol, ac yn y cyd-destun gweddol gul yr ydym yn ei drafod. Fel Hilary, byddwn ni'n cynnig cyfryngu. Hoffwn geisio setlo cwynion—boed gwynion cyffredin neu boed gydran gyfreithiol i hynny—mor agos at y llawr gwaith, y ward neu'r adran ag y gallwn. Mae gennym nifer o enghreifftiau lle gwnawn daliadau ex gratia yn gwbl benodol. Cawn bod hynny'n llwyddiannus ac yn gost-effeithiol.

[217] **Jocelyn Davies:** The report states that ex gratia payments are rare. On page 21 of the report, it is stated that, out of 64 cases that were looked at, trusts admitted liability in 49 of the cases. Is your offer of ex gratia payments in that kind of order?

[217] **Jocelyn Davies:** Dywed yr adroddiad fod taliadau ex gratia yn brin. Ar dudalen 21 yn yr adroddiad, dywedir, o'r 64 o achosion a welwyd, fod ymddiriedolaethau wedi derbyn cyfrifoldeb mewn 49 ohonynt. A yw eich cynnig chi o daliadau ex gratia yn y dosbarth hwnnw?

Mr Edwards: With the ex gratia payments, there is a limit, I think, on the amount of money that we can offer. I think that it is fairly low—up to £1,000, if I remember correctly.(1) It does not mean to say, though, that, in terms of making a settlement, if we think that we will admit liability—and we will and we do—through the best legal sides, whether it is Welsh Health Legal Services or acting with the claimant's solicitor, we will do that as an out-of-

Mr Edwards: Gyda'r taliadau ex gratia, y mae terfyn, yr wyf yn meddwl, ar y swm o arian y gallwn ei gynnig. Yr wyf yn meddwl ei fod yn weddol isel—hyd at £1,000, os cofiaf yn iawn.(1) Nid yw hynny'n golygu, serch hynny, yn nhermau setlo, os ydym yn meddwl y byddwn yn derbyn cyfrifoldeb—ac mae hynny'n digwydd—drwy'r ochr gyfreithiol orau, boed Wasanaethau Cyfreithiol Iechyd Cymru neu gan weithredu gyda

court settlement. We would not see that as an ex gratia payment, because it is slightly different. However, it is certainly outside the courts.

chyfreithiwr yr hawliwr, y gwnawn hynny fel setliad y tu allan i'r llys. Ni fyddem yn gweld hynny fel taliad ex gratia, oherwydd y mae ychydig yn wahanol. Fodd bynnag, y mae yn sicr y tu allan i'r llysoedd.

[218] **Jocelyn Davies:** In a good many of the cases, obviously, you admit liability—those are the closed cases—so you could have a fair assessment early on in some cases that liability would be found. If you were able to offer more than £1,000 as an ex gratia payment, would you go for that?

[218] **Jocelyn Davies:** Mewn llawer iawn o'r achosion hyn, yn amlwg, byddwch yn derbyn cyfrifoldeb—dyna'r achosion caeëdig—felly gallech gael asesiad teg yn fuan mewn rhai achosion y caech eich dal yn gyfrifol. Pe baech yn gallu cynnig mwy na £1,000 fel taliad ex gratia, a fyddech yn dewis hynny?

Ms Peplar: I think that we would go for it. I would be interested to see how effective it was. There almost seems to be a sort of enormous leap that people make in terms of their expectations. I would hope that, if we were able to do that, it would be successful. However, as I say, there almost seems to be this massive leap in people's eyes about 'Yes, okay, that is all that I can expect' or 'Wham, it is a much higher figure'. There is a huge leap.

Ms Peplar: Yr wyf yn meddwl y byddem yn dewis hynny. Byddai gennyf ddiddordeb mewn gweld pa mor effeithiol y byddai. Mae'n ymddangos bron fod pobl yn gwneud rhyw fath o naid anferth yn nhermau'r hyn y maent yn ei ddisgwyl. Byddwn i yn gobeithio, pe gallem wneud hynny, y byddai'n llwyddiannus. Fodd bynnag, fel y dywedaf, bron y gwelwch y naid aruthrol yma yn llygaid pobl o 'Ie, iawn, dyna'r cyfan y gallaf ei ddisgwyl' i 'Chwap, mae'n ffigur llawer uwch'. Mae yna naid anferthol.

[219] **Jocelyn Davies:** There was just one last question, really. We have been talking about large sums of money; I just wondered how much is spent on legal fees.

[219] **Jocelyn Davies:** Dim ond un cwestiwn olaf oedd gennyf. Yr ydym wedi bod yn sôn am symiau mawr o arian; meddwl yr oeddwn tybed faint a werir ar ffioedd cyfreithiol?

Ms Peplar: Well, looking at the last quarter in terms of what we settled, a third of the total that we paid out went on costs and legal fees.

Ms Peplar: Wel, o edrych ar y chwarter diwethaf yn nhermau'r hyn a setlwyd gennym, aeth traean o'r cyfanswm a dalwyd allan gennym ar gostau a ffioedd cyfreithiol.

Mr Edwards: That would be about the same for us too.

Mr Edwards: Byddai hynny rywbeth yn debyg i ni hefyd.

[220] **Janet Davies:** I would like to close this evidence session by asking one final question to both witnesses. The Auditor General's report has been very helpful in setting out the extent of the drain on NHS resources from clinical negligence. I feel that both of you have given us quite strong assurances today that you are addressing this very efficiently. How soon, do you think, will the Welsh taxpayer be able to feel confident that clinical negligence, with all its ramifications, is under control in your own trusts?

[220] **Janet Davies:** Hoffwn gloi'r sesiwn dystiolaeth hon drwy ofyn un cwestiwn olaf i'r ddau dyst. Mae adroddiad yr Archwilydd Cyffredinol wedi bod yn ddefnyddiol iawn o ran amlinellu faint o adnoddau'r NHS a wastreffir drwy esgeulustod clinigol. Teimlaf eich bod chi'ch dau wedi rhoi sicrwydd eithaf cryf inni heddiw eich bod yn mynd i'r afael â hyn yn effeithlon iawn. Pa mor fuan, feddyliwch chi, y gall y trethdalwr Cymreig deimlo'n hyderus fod esgeulustod clinigol, a'i holl oblygiadau, dan reolaeth yn eich ymddiriedolaethau chi?

Ms Peplar: I do not have a huge amount to add. I think that there are definitely improvements that we have talked about today that we can continue to make. However, I think that, equally, there are areas where the public gets reasonable value for money.

Ms Peplar: Nid oes gennyf lawer iawn i'w ychwanegu. Yr wyf yn meddwl yn bendant fod yna welliannau y soniwyd amdanynt heddiw y gallwn barhau i'w gwneud. Fodd bynnag, credaf ar yr un pryd fod yna feysydd lle caiff y cyhoedd werth rhesymol am arian.

[221] **Janet Davies:** I thank you for your full and helpful answers to the questions. You will receive a draft transcript so that you can check its factual accuracy before it is published as part of the next lot of minutes. When the Committee publishes its report, that transcript is included as an annex.

[221] **Janet Davies:** Diolch am eich atebion llawn a buddiol i'r cwestiynau. Fe gewch drawsgript drafft fel y gallwch wirio'i gywirdeb ffeithiol cyn iddo gael ei gyhoeddi fel yn o'r cofnodion nesaf. Pan gyhoedda'r Pwyllgor ei adroddiad, cynhwysir y trawsgript fel atodiad.

Daeth y sesiwn cymryd tystiolaeth i ben am 4.36 p.m.
The evidence-taking session ended at 4.36 p.m.

(1) Hoffai Ymddiriedolaeth GIG Caerdydd a'r Fro ei gwneud yn glir, bod y terfynau dirprwyedig i'r gwasanaeth iechyd wrth wneud taliadau arbennig ex gratia, hyd at £1 miliwn o ran esgeulustod. Mae'r ffigur a ddyfynnwyd, sef £1,000, yn berthnasol yn unig i daliadau arbennig ex gratia o ran cyn wasanaethau'r meddyg teulu.

Cardiff and Vale NHS Trust wishes to clarify that in making ex gratia special payments, the delelgated limits to the health service are up to £1 million in respect of negligence. The quoted figure of £1,000 only applies to ex gratia special payments in respect of the former family practitioner services.

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23 May 2001

Ms Janet Davies AM
Chair of the Audit Committee
The National Assembly for Wales
Cardiff Bay
Cardiff
CF99 1NA

31 MAY 2001

Dear Ms Davies

Audit Committee Evidence – Taking Session, 3 May 2001

I am writing to correct and clarify a point I made in giving my evidence to the Committee. In making ex-gratia special payments the delegated limits to the Health Service are up to £1M in respect of negligence. I quoted £1,000, which only applies to ex-gratia special payments in respect of the former family practitioner services. My apologies for the factual error.

Kind regards.

Yours sincerely

David Edwards
Chief Executive

David Durham - Chairman
David Edwards - Chief Executive

David Durham - Cadeirydd
David Edwards - Prif Weithredwr

www.cardiffandvale.wales.nhs.uk

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ANNEX C

Mr Russell Keith
Clerk to the Audit Committee
National Assembly for Wales
Cardiff Bay
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CF99 1NA

Parc Cathays/Cathays Park
Caerdydd/Cardiff
CF10 3NQ

Eich cyf/Your Ref:

Ein cyf/Our Ref:AL/ml/mv/Audit

Dyddiad/Date: 25th June 2001

Dear Mr Keith

FURTHER INFORMATION RESULTING FROM ASSEMBLY AUDIT COMMITTEE EVIDENCE SESSION, 8th. MARCH 2001 – CLINICAL NEGLIGENCE IN THE NHS IN WALES : REPORT BY THE NATIONAL AUDIT OFFICE ON BEHALF OF THE AUDITOR GENERAL FOR WALES.

I attach a note covering the points on which I promised further information, namely:

- Financial penalties on claims handling [*question 13, page 16*];
- I.T. systems[*questions 51,52 and 53, pages 23 and 24*];
- Community Health Council's response [*question 83, pages 38 and 39*] ,

I would also like to clarify one further point. In my evidence at question 40 page 19, I referred to 'the end of this financial year.' I should have said the forthcoming financial year i.e. 2001-2002. The LaSPaR system is scheduled to be fully operational by the end of the financial year 2001-2002 and the results will be available from this information.

Yours sincerely

ANN LLOYD
Director of NHS Wales

- **Financial penalties on claims handling [*question 31*]**

54. Welsh Health Legal Services have confirmed that no penalties have had to be paid by the NHS in Wales, under the Woolf reforms or for any other reason, as a result of delays in the settlement of clinical negligence cases.

- **I.T. systems [*questions 51,52 & 53*]**

Within the NHS Directorate of the Assembly, the Health Information Management & Technology Division has responsibility for information management and technology (IM&T) strategy and policy within NHS Wales.

Software compatibility is one of several key requirements to ensure effective and efficient sharing of healthcare information electronically. Also important are a shared healthcare language, common data definitions and standards common technical standards and hardware compatibility. A programme of developments is in place to progress these requirements.

In primary care there is the Information & Communications Technology Programme for General Medical Practices. This will ensure that all practices have systems that conform to the latest standards for comprehensive operational support and safety of patient clinical information. Trusts, Local Health Groups and practices will also be connected to the NHS strategic telecommunications network to ensure improved and consistent communication across the Service

The Assembly is working with Trusts to develop a corporate approach to the replacement of their existing systems, as foreshadowed in Improving Health in Wales. Work is also underway with England on the identification of technical standards for communication and electronic patient record systems to ensure that clinicians are able to communicate securely and safely.

The current Information Management & Technology Strategic Framework for 1998-2005 is contained in '*Better Information – Better Health*'. This will require further development as indicated in Improving Health in Wales. A review of progress against the targets in this Framework is in hand. All of this work will be brought together in a National IM&T Development Plan in December 2001.

- **Association of Community Health Councils' survey [*question 83*]**

The Association of Welsh Community Health Councils contributed to the survey in question. They advise that they are aware of some cases where doctors have threatened to sue patients who complain about them for defamation but they believe that such incidences are probably rarer in Wales than in England, at least at the moment.

As I indicated when I gave evidence, such action is unacceptable to the Assembly and the Association of Welsh Community Health Councils have expressed their concern that it disenfranchises the poorer paid members of society who cannot seek the protection of a solicitor without legal aid. I shall be discussing this issue with Chief Executives as we clearly need to ensure that the concerns of the CHCs are taken into account in the management of complaints in Welsh trusts.

ANNEX D

WELSH HEALTH
LEGAL SERVICES
GWASANAETHAU CYFREITHIOL
IECHYD CYMRU

Your Ref/Eich Cyf:
Our Ref/Ein Cyf: ALF/mp

Mrs Janet Davies
Chairman
National Assembly Audit Committee
Cathays Park
Cardiff

2 July 2001

Dear Mrs Davies

Re: Confidentiality Clauses

I write with regard to the question raised in the Audit Committee meeting on 8 March 2001 and referred to in the report between paragraphs 62 and 65. It has not been our experience in Wales that there have been requests for a confidentiality clause on settlement of litigation and we have certainly not volunteered such a clause. Our use of such clauses would probably be limited to matters where an indemnity has been provided to the claimant in the event that the claimant is pursued for the cost of care by a local authority, for example; in such circumstances the defendant health authority would repay that cost. The health authority would not wish to bring to the attention of the local authority the fact that there might possibly be a claim against the claimant for the recovery of such expenses which the health authority, under the terms of the indemnity, would have to pay in addition to the damages agreed. However, it would be a small confidentiality clause included as part of the whole agreement to settle. Other circumstances in which a confidentiality clause may be insisted upon by the trust would be where a claimant has been keen on media publicity throughout the course of litigation. It may be considered an attractive proposition to try and "gag" the claimant from disclosing the details of the settlement. It is, however, in my experience, almost impossible to enforce such a clause and, therefore, these will be avoided in those circumstances. No such clause has been used in my recollection in Wales.

In general, the desire for openness both in the National Health Services and as part of the underlying principle of the Civil Procedure Rules in Court means that confidentiality clauses are rare generally and would only be used in highly specific and unusual cases.

Yours sincerely

ANNE-LOUISE FERGUSON
Solicitor

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ANNEX E

THE AUDIT COMMITTEE

The National Assembly's Audit Committee ensures that proper and thorough scrutiny is given to the Assembly’s expenditure. In broad terms, its role is to examine the reports on the accounts of the Assembly and other public bodies prepared by the Auditor General for Wales; and to consider reports by the Auditor General for Wales on examinations into the economy, efficiency and effectiveness with which the Assembly has used its resources in discharging its functions. The responsibilities of the Audit Committee are set out in detail in Standing Order 12.

The membership of the Committee as appointed on 9 November 2000 is:

Janet Davies (Plaid Cymru) - Chair
Alan Cairns (Conservative)
Jocelyn Davies (Plaid Cymru)
Alison Halford (Labour)
Ann Jones (Labour)
Peter Law (Labour)
Lynne Neagle (Labour)
Dafydd Wigley (Plaid Cymru)
Kirsty Williams (Liberal Democrat)

Further information about the Committee can be obtained from:

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